

THE AMERICAN JOURNAL OF NURSING

VOL. XI

AUGUST, 1911

NO. II

NURSING NEWS AND ANNOUNCEMENTS



As this issue of the JOURNAL is devoted to the proceedings and papers of the Associated Alumnae (now the American Nurses' Association), all our regular departments are held over until September, with the exception of the following announcements which cannot be delayed. In accordance with the instructions of the Publication Committee some of the discussions of the convention have been abridged or omitted.

CHANGE IN THE JOURNAL BOARD

SARAH E. SLY, having been elected president of the American Nurses' Association, has resigned from the Board of Directors of the AMERICAN JOURNAL OF NURSING Company, and is succeeded by Jane A. Delano, R.N., who has been appointed by the board to fill her unexpired term. All communications pertaining to JOURNAL work should be sent to her.

NOTICE TO SUBSCRIBERS TO JOURNAL PURCHASE FUND

YOU are hereby requested to redeem, as soon as possible, your pledge to the JOURNAL Purchase Fund, made at either the New York or Boston meetings of the American Nurses' Association, in order that the remaining shares of JOURNAL stock outstanding may be purchased.

Kindly send checks to M. Louise Twiss, 419 West 144th Street, New York City.

REPORT OF JOURNAL PURCHASE FUND TO JULY 15, 1911

Previously acknowledged	\$132.85
Harrietta Hampton	5.00
Alice L. Smith	5.00
Bellevue Hospital Alumnae Association	50.00
LaFayette, Indiana, Graduate Nurses' Association	5.00
Kansas City General Hospital Alumnae Association	10.00
	\$207.85

DISBURSEMENTS

One share of stock purchased from M. E. P. Davis.....	\$100.00
One share of stock purchased from Newton Hospital Alumnae Association	100.00
	_____ \$200.00

July 15, 1911. Balance \$7.85

M. LOUISE TWISS, R.N., Treasurer,
419 W. 144th Street, New York City.

NURSES' RELIEF FUND

ALL contributions to the Nurses' Relief Fund should be sent to Mrs. C. V. Twiss, R.N., 419 West 144th Street, New York, N. Y.

All checks, drafts and money orders for this fund should be made payable to The Farmers' Loan and Trust Company, but should be sent direct to Mrs. Twiss, treasurer.

All inquiries pertaining to this fund should be sent to the chairman, Miss L. A. Giberson, 4501 Chestnut Street, Philadelphia, Pa.

SARAH E. SLY,
President American Nurses' Association.

CONTRIBUTIONS TO THE NURSES' RELIEF FUND

Sophia F. Palmer	\$10.00
Katherine Hope	5.00
Helen W. Gardner	2.00
E. Violetta Toupet	5.00
M. E. Robinson	5.00
Matilda E. Decker	5.00
M. S. Hollingsworth	5.00
L. Clark	5.00
Katherine Dempster	5.00
Presbyterian Hospital Alumnae Association	50.00
Missouri State Nurses' Association	50.00
Margaret McKinly	5.00
Reading Hospital Alumnae Association	10.00
Pennsylvania Hospital Alumnae Association	50.00

July 15, 1911. Total \$212.00

Kindly make contributions payable to The Farmers' Loan and Trust Co. and send to M. Louise Twiss, R.N., treasurer, 419 W. 144th St., New York City.

ISABEL HAMPTON ROBB EDUCATIONAL FUND

Previously acknowledged	\$5027.25
Elizabeth K. Smith	\$10.00
Mary C. Ledwidge	5.00
Class 1912, Illinois Training School for Nurses	10.25
Kate Watson	3.00
Bertie Wood	5.00

Alumnae Association Germantown Hospital, Philadelphia.....	\$26.00
K. F., per Martha M. Russell.....	10.00
Alumnae Association St. Joseph's Hospital, St. Paul, Minn.	12.00
Norman Bridge, M.D., Los Angeles	10.00
Nebraska State Nurses' Association (completing \$100).....	25.00
Ramsey County Graduate Nurses' Association, St. Paul, Minn.	25.10
King County Graduate Nurses' Association, Seattle, Wash.	25.00
Class of 1904 (Ills.) Training School:	
Edna Wray	\$2.00
Bertha Hunter	5.00
Katrina Hertzner	5.00
Marie Zichy	2.00
Sinah File Kitzing	1.00
Frances Welsh	1.00
Hanna Ericson	5.00
Gertrude Cross Trewgen.....	5.00
Margaret Thuerer	1.00
Marie Peterson	5.00
Grace Barnes	3.00
Bertha Seibert Perry	1.00
Iva Amsler Carvallio	3.00
Catherine Thompson	3.00
Anna Pfaff	5.00
Jessie Christie	10.00
Charlotte Burgess	10.00
Alice C. Beattie	10.00
Anna Kellar	1.00
	78.00
Dubuque (Iowa) Registered Nurses' Association	15.00
S. R. Smith Infirmary Alumnae Association	10.00
Graduate Nurses' Association of Connecticut	100.00
Amelie Richie	1.00
Jewish Hospital Alumnae Association, Cincinnati, Ohio	5.00
Miss A. M. Warren and sister	20.00
Alumnae Association Woman's Hospital, Philadelphia	25.00
The Registered Nurses of Savannah, Ga.	25.00
Dane County (Wisconsin) Nurses' Association	25.00
Eleanor J. Coolidge	5.00
Collected at Illinois state meeting	5.00
Miss Brown	2.00
Members Georgia State Nurses' Association:	
E. S. Symons	\$1.00
Mary Anderson Owens	2.00
M. C. Johnson	1.00
Frances Patton	1.00
Mary Campbell	1.00
J. E. Hall	10.00
Mrs. Eva S. Tupman	5.00
	21.00

Sara E. Peck	\$5.00
Members Senior Class Illinois Training School for Nurses....	4.75
Alumnae Association Johns Hopkins Hospital, Baltimore.....	500.00
Richmond, Virginia, Nurses (no address).....	8.50
Alumnae Association Methodist Episcopal Hospital, Philadelphia	10.00
Cleveland (Ohio) Graduate Nurses' Association	25.00
Miss Nesbit	4.00
Miss Shuttleman	3.00
Intermediate Class, Presbyterian Hospital, Philadelphia	1.50
New York State Nurses' Association	100.00
Penelope Gray (no address).....	5.00
Eliza Bond Gray (no address).....	5.00
M. C. Woody	5.00
Henriette Hampton (no address).....	5.00
Elizabeth Tuttle	5.00
Alumnae Association Jewish Hospital, Philadelphia	10.00
Collected by Miss Maxwell	2.00
Alumnae Association Rhode Island Hospital, Providence	25.00
Alumnae Association Hospital of the Good Shepherd, Syracuse, N. Y.	50.00
Mrs. J. L. Moyer	25.00
Miss M. E. Shield	2.00
Graduate Nurses' Association, Lafayette, Indiana.....	10.00
Mary A. Samuel	10.00
Alumnae Association Moses Taylor Hospital, Scranton, Penn.	25.00
Alumnae Association Presbyterian Hospital, Chicago	25.00
Members Class 1911, Illinois Training School for Nurses.....	22.50
Graduate Nurses' Association of Texas	25.00
Jessie McConaha, Cavite, P. I.	1.00
Alumnae Association National Homœopathic Hospital, Wash- ington	25.00
Alumnae Association Butterworth Hospital, Grand Rapids, Mich.	5.00
Beata Carlson	6.00
Ohio State Nurses' Association	348.65
Matilda Johnson	5.00
	1812.25
	\$6839.50

Individual receipts have not been sent where contributions are marked "no address."

Associations wishing the circular letter of the committee for distribution may secure it by addressing the chairman and stating the number needed.

Kindly bear in mind that hereafter all contributions should be sent to Miss M. M. Riddle, Newton Hospital, Newton Lower Falls, Mass., and that all drafts, money orders, etc., should be made payable to The Merchants' Loan and Trust Company.

ISABEL MCISAAC, Chairman,
Benton Harbor, Michigan.

ISABEL HAMPTON ROBB SCHOLARSHIP

THE committee at Teachers' College of the Isabel Hampton Robb Scholarship of \$250, provided for by Mrs. Jenkins, is considering candidates for the coming year. It should be awarded to some really able woman who wishes to spend a year of study with the definite purpose of continuing in training-school work. Applicants are requested to communicate with Miss Adelaide Nutting, Teachers' College, New York City.

HOSPITAL ECONOMICS ALUMNÆ ASSOCIATION

AT a meeting held during the convention of the Superintendents' Society, in Boston, the graduates of the Hospital Economics Course (now the Department of Nursing and Health) decided to form an Alumnae Association of their members, to meet annually at the convention season. The object is partly social and fraternal, but the association hopes also through such co-operation to assist more effectively in the advancement of nursing education, and in such social and educational movements as seem to require its special interest.

The officers elected were: President, Mary C. Wheeler; secretary-treasurer, Isabel M. Stewart; committee, Miss Krueger, Miss Patterson, and Miss Patton.

The secretary requests that all graduates of the course who have not recently been in communication with the department at Teachers' College, should notify her of their present addresses, so that a copy of the constitution and by-laws may be submitted to each member.

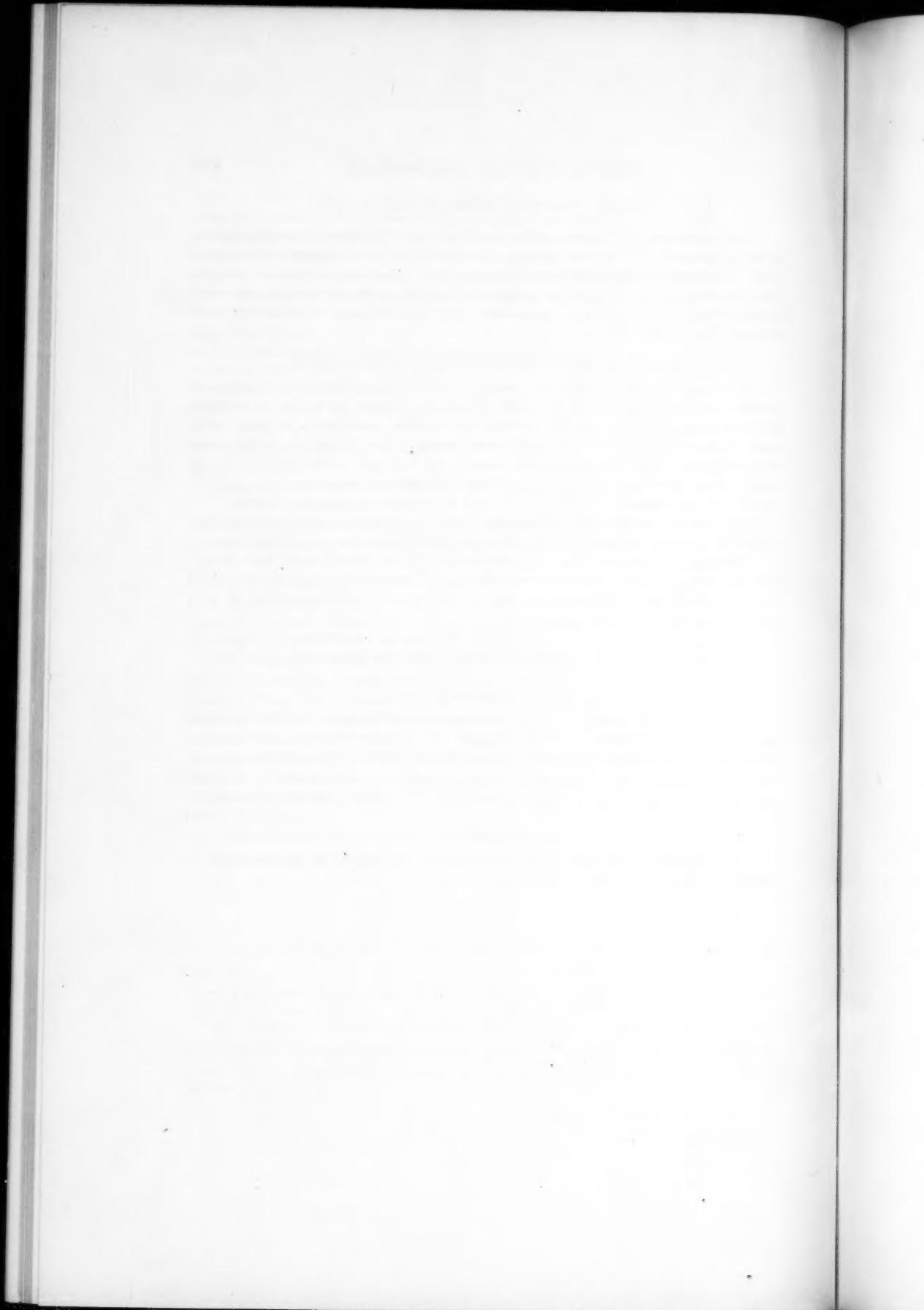
ISABEL M. STEWART, Secretary-Treasurer,
Teachers' College, Columbia University, New York.

MICHIGAN

THE MICHIGAN STATE BOARD OF REGISTRATION OF NURSES will hold an examination and registration meeting, August 16, 17 and 18, 1911, at Lansing, Michigan, for graduate and non-graduate nurses. This will be the last opportunity for non-graduate or practical nurses to apply for registration in Michigan and the last examination of such nurses. R. L. DIXON, Secretary.

WISCONSIN

THE Wisconsin Bill for State Registration was signed by the governor in June, and will go into effect September 1, 1911.



PROCEEDINGS OF THE
FOURTEENTH ANNUAL CONVENTION

Nurses' Associated Alumnæ
of the United States

HELD AT
PARK STREET CHURCH
BOSTON, MASS.

May 31, June 1, 2, 3, 1911

HONORARY MEMBERS

MRS. WINTHROP COWDIN

MRS. WHITELAW REID

MRS. BAYARD CUTTING

MRS. HELEN HARTLEY JENKINS

MRS. WILLIAM K. DRAPER

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SARAH E. SLY, Birmingham, Michigan.

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HELEN W. KELLY, chairman

District Nursing

District Nursing

Chancroid - Nong

Tuberculosis Nursing

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MAUD MULLER **EMMA M. NICHOLS**
MRS. REBA THELIN FOSTER

Nursing of Insane AMY M. HILIARD, chairman

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SURGEON MIDDLETON S. ELLIOTT, U. S. Navy
DOCTOR WILLIAM H. WELCH, Maryland

MEMBERSHIP OF THE NURSES' ASSOCIATED ALUMNÆ

Number of Alumnae Associations associated	135
(Fifteen Alumnae Associations lapsed in dues.)	
Number of State Associations affiliated	31
Number of County and City Associations affiliated	22
(One County Association lapsed in dues.)	
Total	188

DELEGATES PRESENT AT ANNUAL MEETING

From Alumnae Associations	172
From State Associations	27
From County and City Associations	16
Total	215

Permanent members registered	89
Visitors registered	188

PROCEEDINGS OF THE FOURTEENTH ANNUAL CONVENTION OF THE NURSES' ASSOCIATED ALUMNÆ OF THE UNITED STATES

BOSTON, MASS., MAY 31, 1911

THE fourteenth annual meeting of the Nurses' Associated Alumnae of the United States convened on May 31, 1911, at the Park Street Church, Boston, Mass., Jane A. Delano, president, in the chair.

The first session was called to order at 2 p.m. by the president.

In the absence of Dr. Alexander Mann, D.D., Dr. Kidner, Assistant Rector of Trinity Church, Boston, offered the invocation.

John F. Fitzgerald, Mayor of Boston, gave the address of welcome.

ADDRESS OF WELCOME

Madam President and Ladies of the Nurses' Associated Alumnae: It gives me the greatest pleasure as the mayor of this city to welcome this splendid body of women in its national convention to this city, and to express the hope that your stay here will be a most pleasant one, that your deliberations will be of great interest, not alone to yourselves but to the development of the human race, and that you will leave our city with such regret as to impel you to wish to make another journey here in a very short time.

We are more interested, in Boston, in the development of your profession, perhaps, than in any of the other large cities in the country, because we have had for many years connected with one of our own institutions, maintained and supported by the city, a splendid institution of nurses, unequalled, we think, in the civilized world. The training school attached to this city hospital of ours was established thirty-three years ago, and since that time all such city institutions have added this branch to the service, primarily for their own advantage and incidentally for the advantage of the community at large and humanity in general. By means of practical observation and theoretic studies a corps of trained attendants for the sick is created and their ministrations are regarded as scarcely second to those of the physicians in charge.

That women are entering this new profession in larger numbers than men is entirely natural, because woman has always been the nurse in

the home and is associated historically in devotion to the sick. The Sister of Charity, for example, is one of the most beautiful types that history can show; and such names as that of Florence Nightingale stand out brightly upon the world's roll of honor.

The natural sympathy and patience of the sex display themselves at their best in this relation. It is generally recognized to-day that nursing is as important as prescription and treatment, and in some diseases even more so. The relief and cure of tuberculosis are almost entirely a matter of daily charge and care of the patient and placing him or her under conditions conducive to recovery.

In the gradual development of this field of work the duties are becoming more arduous and the course of training has been lengthened until it now resembles that given to medical students in the regular colleges, and in some instances surpasses the curriculum which was required not very long ago for the awarding of a medical degree. Your profession advances with the healing art. I understand that it has, like medicine, developed specialties of its own and that there are nurses for children's diseases and for other classes of ailments. It is beginning to play its part in preventive medicine, which is perhaps the more important province of the art. We have nurses regularly connected with the school department, for example, and the Board of Health has recently added to its staff nurses who visit the homes of the poor and instruct them in home sanitation and the means of warding off the coming of disease. Whatever stress may be laid upon the scientific side of your work, I cannot help feeling that the human aspect will always predominate. It is you who are in immediate contact with the sufferers, listen to their complaints and lay a healing touch upon their fevered brow. The doctor comes and goes, but the nurse remains. It is a pleasure to be able to add that the rewards of your calling are increasing in proportion to the length of training required and the responsibility and the difficulty of your tasks.

These words of mine are to express to you that the people of this city feel that we are honored by the presence of such a splendid body of women, coming, as I understand, and as the cards indicate, from every known quarter of the United States; even Alaska is not too far distant to send its representative to this splendid gathering. I understand that this association has not assembled in Boston for some years past. While its historical aspect has not changed in that time, but is still a source of inspiration to every American, in fact, to every lover of freedom, our city has grown more beautiful, and we who have been reared here, born here, lived in its atmosphere all our lives, feel that

it is the most beautiful city in the world. I hope that that will be your feeling when you depart from our midst. I hope that you will give yourselves a chance, from the deliberations which your work here will call upon you to make, to go into our city, not only with the intent to study out and know what it means from an American historical standpoint, but to visit our parks and our playgrounds, our schools and our libraries, so as to understand what the present generation of Boston people has done for human needs, and then go away satisfied, as you will be, as we all here are satisfied, that we not only have a beautiful city, a historical city, but a city that has recognized the human side of life more than any other city in the world.

RESPONSE

Adda Eldredge, of Chicago, president of the Illinois State Nurses' Association, responded as follows:

Madam President, Mayor Fitzgerald, Ladies: In the name of the delegates and visitors to this convention I wish to thank the nurses of Boston for their most royal welcome. Mayor Fitzgerald has given us a most kindly welcome. I am sure that there is not a nurse in this assembly who cannot agree with him as to all that Boston has to offer. I am sure those of us who, like myself, are making their first visit to Boston, cannot but be impressed with the wonderful beauty of the city. With all that it inspires in us of patriotism and with the glimpse that we have already had of what it is showing us in the way of advancement, we cannot but feel that we will leave it with regret, that we shall be only too glad to make a future visit here.

I feel deeply the honor which is mine in being selected to voice the feeling of the women gathered here to-day as delegates and visitors to this fourteenth annual meeting of the Nurses' Associated Alumnæ. I have never read the proceedings of that second meeting held here in Boston, but it is not hard to look back and imagine that pioneer group of women who had established the association, nor to imagine their feeling to-day when Boston is again the place of meeting. This great assembly of women is gathered here to-day in this historical building, not only to act on the changes in both the constitution and the by-laws, then adequate, now outgrown, but, if I may say it, to take part in the last meeting of the Nurses' Associated Alumnæ, which we hope before the end of this meeting will be merged in the broader and more appropriate title of the American Association of Graduate Nurses. We who are delegates here to-day cannot but feel the privilege of a voice as to

these changes—changes that are far-reaching, from the Atlantic to the Pacific, from the northernmost point to the southernmost line of this vast continent of America—changes intended to cement the nursing profession in bonds of fraternity, progression and good works.

The association practically owns the JOURNAL. The Hampton Robb Memorial is a growing factor in nursing affairs. What could be more appropriate than that these changes should be deliberated and acted upon in this city of Boston, teeming with interest for every American, both from its historical associations and all that it stands for in the world of thought and culture and as an educational centre.

As I read the programme that had been prepared for both our instruction and our entertainment, and as I listened to the welcome given us to-day, I wished for the gift of eloquence, that I might adequately express the appreciation and enthusiasm of the women whose mouthpiece I am.

I should like to add a word of appreciation and thanks to the woman who as a path-breaker in nursing education has laid foundations which have made this meeting a possibility and to send a word of greeting from the delegates to that pioneer in the nursing profession, Linda Richards, America's first graduate nurse.

THE PRESIDENT: Those of you who attended the lecture last night on the question of efficiency and fatigue will, I am sure, be rejoiced to know that this is a subject in which the Honorable Mayor of Boston is very much interested, and as a representative of the large city hospitals he would like to say a few words to this assemblage concerning efficiency and fatigue. I take pleasure in reintroducing the mayor of Boston.

MAYOR FITZGERALD.—Madam President: I simply wanted to express in a single sentence the point of view that I had upon the number of hours' work by the nurses in our institutions. Some months ago when I called at the City Hospital one afternoon to see one of the nurses in whom I was interested, and who was a relative of a very dear friend of mine, I found that she had broken down under the work, and I inquired about the hours. I told Dr. McCollam that I thought those hours were too long. He said that was an established rule and regulation of the institution, and I told him if that was so it ought to be changed. I brought the matter to the attention of the Madam Chairman and she said that no doubt you would be glad to hear an expression from me upon that subject; it is this. It seems to me this question ought to be taken up by this organization, with resolutions adopted calling it to the attention of the trustees of the hospitals of the different institutions throughout the United States, with a view to effecting an arrangement

with the hospital trustees and others in charge of the institutions so that the number of hours may be sensibly reduced.

Of course I am the mayor of the city and appoint the trustees of the hospital, but they are in direct charge of the institution, and it is not the business of the mayor to interfere. There may be reasons which I do not understand why those regulations should be enforced, but I am a firm believer in the eight hours for women as well as men, for nurses as well as members of other professions. When I appreciate, as every one does appreciate who has made even the most superficial study of the character of the training that the nurse must undergo before she becomes a full-fledged member of the profession, and when one realizes the character of the work, the constant danger from insidious and contagious diseases that she must meet all the time, it seems to me that if there is any human being in the world that is entitled to a shorter day it is the nurse. I am perfectly willing to be quoted, as mayor, as standing on that platform, in favor of the reduction, and am perfectly willing to back up this organization in any stand that it may take along that line.

THE PRESIDENT: It is quite evident that the mayor's remarks have met with the hearty approval of the nurses here at the meeting, and I think we should feel grateful that there is a mayor in the country who feels thus strongly as to the hours of duty for nurses.

The roll was called by the secretary.

REPORT OF EXECUTIVE BOARD

To the Nurses' Associated Alumnae of the United States.

MADAM PRESIDENT AND MEMBERS: Following the annual meeting in New York in 1910, a meeting of the Executive Board was held, when all standing and special committees were appointed.

Two meetings of the Executive Committee were held in New York on October 1, 1910, and January 19, 1911.

The question of revision of the constitution and by-laws being such a vital one, the Executive Committee requested the chairman of the Committee on Revision to meet with it at the January meeting, and it further authorized the Committee on Revision to advise with a parliamentarian.

Application blanks were sent to thirty-five alumnae associations, three county associations, and two city associations. It is worthy of note to mention that with the exception of eight of these, the requests for information and application blanks were received immediately following the visits of our president to Honolulu and the Philippine Islands, and the interstate secretary's western trip.

Nine applications for membership were received and referred to the Eligibility Committee. Associations admitted into membership as follows: Moses Taylor Hospital Alumnae Association, Scranton, Pa.; Englewood Hospital Alumnae Association, Englewood, Ill.; Graduate Nurses' Association of El Paso, Texas;

Kansas City General Hospital Alumnae, Kansas City, Mo.; Missouri Baptist Sanitarium Alumnae, St. Louis, Mo.; Newark City Hospital Alumnae, Newark, N. J.; German Hospital Alumnae, Philadelphia, Pa. Two applications were received too late to be considered. The total number of associations affiliated, 198. Lapsed in dues, 13.

The association now owns 74 shares of AMERICAN JOURNAL OF NURSING stock, leaving only 26 to be purchased.

Application for affiliation with the American Association for the Study and Prevention of Infant Mortality was made in November, 1910, and accepted.

The Nurses' Associated Alumnae is affiliated with the International Council of Nurses, the American Red Cross, the National Association for the Study and Prevention of Tuberculosis and the American Association for the Study and Prevention of Infant Mortality.

The sum of \$40 was appropriated as a contribution for the printing of the special edition of Florence Nightingale Commemoration Day.

According to a resolution adopted by the association, that the secretary and the interstate secretary receive a salary, the Executive Board authorized that the secretary be allowed \$300 for the year and that \$200 be allowed towards the expenses of the interstate secretary.

An invitation was received from the nurses of Illinois to hold the next meeting in Chicago, and the Board of Directors heartily recommends the same for your consideration.

AGNES G. DEANS, Secretary.

REPORT OF THE TREASURER

GENERAL FUND

Balance April 30, 1910, as per report of retiring treasurer..	\$535.66
Dues, alumnae associations	1195.25
Dues, state associations	145.00
Dues, city and county associations	115.00
Interest on bank balance	36.05
	\$2026.96

DISBURSEMENTS

Officers' expenses	\$206.17
Printing and stationery	46.04
Postage	24.26
Stenographer—annual meeting	148.95
Executive Committee	142.55
Nominating Committee	17.85
Reorganization Committee	1.00
Eligibility Committee	1.24
Public Health Committee	5.00
Almshouse Committee	7.00
General secretary—salary	300.00
Secretary's office rent	60.00
Interstate secretary—salary	200.00
Auditor	16.00
Dues National Association for Prevention of Tuberculosis....	5.00

Dues American Association for Study and Prevention of Infant Mortality	\$5.00
Dues American Federation of Nurses	15.00
Appropriation Florence Nightingale Celebration	50.00
Appropriation Exhibit at Teachers' College	75.00
Appropriation 40 excess pages Convention number of JOURNAL, August, 1910	260.00
New Netherland Safe Deposit Company-rent of box	5.00
Exchange on checks	2.14
	1593.20
Balance, General Fund	\$433.76

JOURNAL PURCHASE FUND

Balance, April 30, 1910, as per report of retiring treasurer..	\$439.50
Receipts from May 1—May 20 as reported in JOURNAL by retiring treasurer	746.35
	\$1185.85
Richmond local organization	\$10.00
Grace Watson	3.00
San Francisco Training School Nurses' Alumnae Association..	25.00
Emma Holmes	5.00
Louise Brink50
Helen Warburton	5.00
Anna R. Turner	5.00
Los Angeles County Nurses' Association	3.50
Illinois State Nurses' Association from the sale of Florence Nightingale postals	57.00
Pennsylvania Hospital Alumnae Association, Philadelphia, Pa..	25.00
Josephine Breed50
German Hospital Alumnae Association, Brooklyn	5.00
St. Luke's Hospital Alumnae Association, Chicago, Ill.	100.00
Englewood Hospital Alumnae Association	6.50
Presbyterian Hospital Alumnae Association, Chicago, Ill.	10.00
Indiana State Nurses' Association	50.00
Iowa State Association of Registered Nurses	1.50
Wayne County Graduate Nurses' Association	25.00
Orange Training-School Alumnae Association	25.00
President's Round Table of Chicago	5.00
Medico-Chirurgical Hospital Alumnae Association, Philadelphia, Pa.	10.00
Indiana State Association	32.00
Mary E. Gladwin	25.00
Eva V. Johnson	1.00
Hannah J. Brierly50
Augustana Hospital Alumnae Association, Chicago	50.00
Margaretta Perkins	1.00
Memorial Hospital Alumnae Association, Richmond, Va.	8.00
California State Nurses' Association	50.00

Report of the Fourteenth Annual Convention

Mary A. Owens50
Anna E. Brobson50
Margaret A. Pepoon	5.00
Christ Hospital Alumnae Association, New Jersey	10.00
Marie Alida Gorter	5.00
Hennepin County Graduate Nurses' Association, Minneapolis..	25.00
Frances McLennan50
Northwestern Hospital Alumnae Association, Minneapolis ..	10.00
Emma Duensing	1.00
Methodist Episcopal Hospital, Philadelphia, Pa.	10.00
Winchester Memorial Hospital, Virginia	5.00
Petersburg Hospital, Virginia	5.00
Frances Jones	2.50
Norfolk Nurses, Virginia	2.00
Miss B. Danville	1.00
Virginia State Nurses' Association	6.00
Graduate Nurses' Association, Pittsfield, Mass.	10.00
	644.00
	\$1829.85

DISBURSEMENTS

Mary M. Riddle, treasurer AMERICAN JOURNAL OF NURSING Co.....	1799.00
April 30, 1911—Balance JOURNAL Fund.....	\$30.85

ASSETS

Cash on deposit—General Fund	\$433.76
Cash on deposit—JOURNAL Purchase Fund	30.85
Seventy-four shares AMERICAN JOURNAL OF NURSING stock....	7400.00
	7864.61

M. LOUISE TWISS, R.N.,
Treasurer.

Audited and found correct.
May 20, 1911.

D. D. ANDRADE, A.A.,
1166 40th St., Brooklyn, N. Y.

**REPORT OF INTERSTATE SECRETARY,
ISABEL McISAAC**

I HAVE not a nice, formal, appropriate report, because that is not the sort of thing that I can do well at all. As all of you know who were here last year, and some of you who were not, we were asked to have an interstate secretary to try and bring the nurses together, to make the nurses of the whole country realize that they were a tremendous force, a great power, and that we could do just what we have been doing this last year: finish up such problems as the purchase of the JOURNAL and work upon such a great problem as the Robb Memorial Fund. Thus it was to try and bring the nurses together that we had an interstate secretary, and they had me because I was foot-loose and could go. Just how much was accomplished is not for me to say, but I think it would be interesting for the nurses here to know to how many places I went and how many nurses I met and before what kinds of societies I spoke. I hope all of you know your geography well, because my travels have been pretty much all over the country, and what statistics I am going to give you are simply the number of cities I went to, the number of meetings I attended. When I say meetings I mean a large, a regularly called meeting; I do not mean the innumerable little conferences of eight and ten and twelve, and less sometimes, of nurses, about their local problems.

When I took the work last year it was with the understanding—and it was something that some of the nurses did not quite grasp—that I would go to any group of nurses who wished me to come, who were willing to bear the travelling expenses, and that I was to go between the first of October and the first of April. That has been a point which has been somewhat misunderstood and caused some disappointment, because I could not go outside of those six months, as I have some duties to my family. So that this travelling has taken place between the first of October and the first of April.

I have been in fifty-four cities, from the Atlantic to the Pacific. I have attended eighty-one nurses' meetings. I do not know how many miles I have travelled; I could not keep track of that; my arithmetic does not go up very far, and I got stuck. The character of these nurses' meetings has been state meetings and county societies, graduations, groups of pupil nurses and groups of superintendents of training schools, and all kinds of nurses' organizations. This is the way that they have been divided. I have spoken to groups of pupil nurses—just pupil

nurses, except the superintendents, who came along as chaperons and guides—in twenty different cities. The most notable gathering of pupil nurses in the country was in Omaha. All the training schools in Omaha sent their pupil nurses. I don't know how many there were, but I never saw so many pupil nurses together before in my life; they met in the Young Women's Christian Association rooms and all came bringing their caps and aprons with them, and I assure you it was a wonderful and beautiful sight.

Then I had meetings of different groups of superintendents, where there was nobody present but just superintendents of training schools. To only one alumnae association did I go where there was just the alumnae of one school. There were a great many groups of alumnae associations that came together in a sort of state and county gathering, innumerable. There were eight state associations, forty city and county associations, and five graduations; and besides that two different high schools where I spoke to the high school girls, not nurses at all. I was requested to speak to these girls upon nursing as a profession for women. That was in my own state, in Ann Arbor and Grand Rapids, Michigan.

My first meeting was in my own state and the last one was there too. I have made a convenience of the cities that were near and filled in my time that way. It was at Muskegon, Michigan, where I first spoke at the graduation. I speak of it particularly, not because it is my own state, or because the graduation was particularly different from other places, but because this hospital, of which I spoke in the Superintendents' Society a day or two ago, belongs to a rising and very important class of institutions in this country, and those are the wonderfully good small hospitals. It is a very beautiful hospital and very beautifully endowed, and is able to do what a great many small hospitals are not able to do, because they have not the money to do it.

The next meeting was in Indianapolis, a state meeting, in which there were meetings of pupil nurses and meetings of various kinds. The next one was at Beloit, Wisconsin, and that is where I started out on my long journey to the northwest. Beloit is a small town and I went there to a graduation. Next St. Paul and Minneapolis—two large cities together; a state meeting there, and two large superintendents' meetings and a meeting of night nurses, who could come at no other hour; four altogether in St. Paul and Minneapolis. Then to Rochester, Minnesota, which is becoming a pilgrimage for nurses as well as doctors—the place where such wonderful surgical work is done and where the technique is so wonderfully simple and well carried out—a place a good many nurses have gone to and where a good many more will go.

The next place I visited stands out unique. I am not going to state the name of the city, because I wish to tell a little bit about the circumstances. Last summer a letter came to the JOURNAL office to Miss Palmer, who was ill at the time, from this nurse in one of the large middle western states, asking if any nurses who were doing association work and who were active in our Associated Alumnae, Superintendents' Society and such work, ever came to that part of the country. As Miss Palmer was ill, the letter fell into Miss DeWitt's hands, and she, knowing the plans for the interstate secretary's work, turned it over to me. I had a little correspondence with the nurse, who was a graduate of one of the large New York schools, a very important school; afterwards I realized that the correspondence was a little bit vague and I realized I did not take it in; she did not tell me about the organization. I wrote her how and when I could come, and how it would take me nearly twenty-four hours to come from St. Paul and Minneapolis, that it was an expensive trip. She wrote to me to come, and I did so. I arrived at one o'clock in the morning and she came to meet me and took me to the hotel and said she would meet me in the morning after breakfast. When she came to see me I found it was not a nurses' organization, that she was the only graduate nurse in all that country. And to you who belong to your own nurses' associations, and who have the privilege of coming to such places as this, I speak of this nurse particularly; because when you feel that things are not going just your way and that the nurses' association would be better administered if you had the reins, and a few trifling things of that kind, then I want you to think about that nurse, who was so isolated from anything of the kind, who had been so long away from things that she felt she needed another nurse enough to pay the expenses of the interstate secretary to take a journey of nearly twenty-four hours.

My next visit was to Omaha, which is a large and flourishing city, with some very good schools and some very splendid women. Next to Boise, Idaho, and that, to you who live in this part of the world, seems an awfully long way. It is a long way, and I realized it very significantly, because I arrived in Boise, two thousand miles away from home, with thirty-five cents in my purse. I should have had to go without my dinner if the train had not been on time. Idaho is far from the thickly populated part of the west, from the Pacific coast, and far from our part of the world. Nurses are few and scattering. Their state association has not as many members as many of our alumnae associations have, yet they had to pay the largest amount that any of the associations paid for the interstate secretary to come, which means a great deal. Boise

was my first revelation of what some of these western cities are; and I really quite lost my heart to that beautiful country and that city of twenty thousand people, for I think it is one of the most beautiful cities in the United States. It is a military post, which adds a particular flavor to any city. It has a most interesting country about it and has two excellent hospitals, one of the Sisters' and another, St. Luke's Hospital, under the care of the bishop of the Episcopal church; all of that brings an atmosphere to a city of that size which is not common. There are a great many of our cities and towns in this country which are extremely commonplace. Boise has nothing commonplace about it.

From Boise I went to Spokane, a journey of more than twenty-four hours. Distances in that part of the country are tremendous. Even if you do know your geography pretty well one has no comprehension of it until she has executed it.

From Spokane I went to Seattle and Tacoma, those magnificent, beautiful cities; and there I began to see the work of so many nurses from this part of the world, splendid work—and the other kind. I have asked nurses, ever since I have been out there, how many of them have ever thought anything about what becomes of the women who are dropped from our good eastern schools and where they go. There are a great many of our own nurses, our splendid, good nurses, who have gone out to the west, all the way from the middle west clear out to the Pacific coast, who can tell a very sad tale as to what becomes of some of them. Those western nurses are wonderfully progressive, and they had a very, very hard time with many of their problems, which they have taken hold of with the greatest amount of courage. The work they have done with their central directories is magnificent. It is really wonderful, the things that have been accomplished in all of those large Pacific cities, Seattle, Tacoma, Portland. I found the Portland nurses had been rather isolated and were struggling with their state registration law, which they have carried since I was there.

Then to San Francisco; and San Francisco has one of those tremendously large county associations, I think second to New York. Then to Oakland, which most of you know is just across the bay from San Francisco; then down the coast to Santa Barbara, Los Angeles and San Diego and all that beautiful part of the world. It was hard to stay in the meetings, because the country is so beautiful and there were so many distractions and so many nice nurses. I was tempted by picnicking and automobile rides and all sorts of things that it was not proper for an interstate secretary to carry to excess.

Then back to Salt Lake City. Those of you who are reading

McClure's Magazine at the present time will have some sort of conception, better than anything that I can say to you, about what sort of problems come up in Salt Lake City and in the state of Utah. The nurses asked me to try to advise them about state registration in Utah; and what I saw and what I heard from them about not only nursing but conditions of everything in Utah led me to advise them to make no effort to secure state registration at the present time, because I believed that the work would be utterly hopeless, that they could not at the present time accomplish anything. No one can understand until they have been out there what the difficulties might be.

I stopped in Omaha a second time on my return from Salt Lake, in response to a very kindly and hospitable invitation from the Omaha nurses; from there to Peoria, in southern Illinois, then to St. Louis and then home for Christmas for a few days. Then I doubled on my tracks and went back to Wisconsin. Wisconsin used to be my home, and therefore I feel very free to say that Wisconsin is the very coldest place in the world, unless it is the North Pole. I had forgotten how cold it was. There were meetings in Milwaukee and Madison. My next visit was to Rochester, N. Y., to Syracuse and New York City, and to Philadelphia and Baltimore and Washington—all of those places with which you are so familiar that I need not say anything about them—for the state meetings, for the graduate nurses' clubs, state societies and county societies and all those things. Then Richmond, Virginia, was my farthest journey south; then back to Philadelphia, Reading, Penna., and Auburn, N. Y. Then I was at home over Sunday again.

Then I retraced my steps and went to Hannibal, Missouri; then out to Kansas City. I would like to say a word about Kansas City, because in all the communities where one goes and sees large numbers of nurses, in nearly all of them is something striking—well, no, not all of them; I won't say that; but occasionally one comes across a city where there is something especially striking. And there was something especially striking in Kansas City. In all of the cities I visited I did not find any group of nurses who worked in such harmony and who seemed to be such good friends and among whom there was such a good spirit, nurses from all sorts of schools—eastern and western, Kansas City and southern schools—all worked together, and all were interested and eager to know anything and everything that concerns all of us.

Then into Iowa; and as the Iowa nurses could not very well arrange a state meeting in one place, I was divided up and parcelled out for several days, and went to Cedar Rapids, Iowa City, Des Moines, Dubuque, and Davenport. From there back to Pittsburg. Then I redoubled my

steps and went back and forth in the states of Indiana and Illinois until I knew everybody's back door and who has got a new barn or a new house and who has painted his house and people that moved away and all that.

Back to Ann Arbor, in my own state, and home a few days; then over to Chicago to a meeting of the nurses of Chicago, which was made up of pupil nurses and alumnae associations and city nurses, and everybody who could come and get in. From there down to Lafayette, Indiana; then to Cleveland, Toledo, and Detroit, Dayton, Ohio; Jackson, Kalamazoo; and last, but not least; the tiny little hospital in my own town. These are the cities, fifty-four of them altogether, and the eighty-one meetings.

I haven't anything to say about what may have been accomplished; it was just the barest, most superficial skim all over the country. It certainly had to be. If we are going to have an interstate secretary, if we are going to do this work, we ought to systematize it and do it better, so that it would be more helpful to the nurses and more helpful to everybody concerned. You know we are all accused of being very unbusiness-like. People say nurses do not acknowledge their letters and do not sign their receipts and do not pay their dues on time; you know what they say as well as I do. I want to say that I went to these fifty-four cities and to these eighty-one meetings and I missed but two engagements. One of them was because there was a landslide and a delay of the train, so that neither I nor anybody else could get there. The other one was my own mistake. There was no misunderstanding, no misinformation, no lack of promptness on the part of the nurses—they did their part. It was my own forgetfulness. The meeting where the landslide occurred had to go over to the next day, and one in a Washington city had to be postponed until evening because the train was a little late, but otherwise my plans went through without any breaks. I think that speaks wonderfully well for the women who are the secretaries and presidents of our organizations all over the country, and I do not think there can be very much slipshod work done or we could not have done it.

Now what I was talking about all over the country was one thing, and I practically said the same thing everywhere, because whenever I asked the nurses what they wanted me to talk about it was the one thing, and that was about our organizations and what the value of them was to us and what our strength was and what we might be able to do. Then of course I have been talking about the Red Cross work and the JOURNAL.

I want to add just a word, because most of you have heard me speak

in one place or another on these subjects; but I want to add this word particularly about our organization work, and that is this: we are struggling constantly to improve our schools; that means we are struggling constantly to improve the output of our schools, which is you and I, the nurses. That work does not all belong to the superintendents. Every single one of us can do a great deal for her own school; and we have just as much of a duty in maintaining the standard of our school which gave us our diploma as the superintendent has; the idea that the character of the school depends entirely upon her should not be.

Here is an example of one of the things that I mean, where the alumnae association could be and was a tremendous power. One of the groups of people in this country who need educating more than any other on just such subjects as the mayor spoke about this afternoon is our boards of managers. And in this instance a group of three or four nurses who had been dismissed from one school on account of very bad behavior and insubordination, bad work of all kinds and generally undesirable, applied for admission to another school and the board of managers decided to take them; but the superintendent protested, she did not wish women of that character, who would lower the general character of the school, but she protested in vain. When the alumnae association understood how it was they waited upon the board of managers and said, "It is not our place nor our province to interfere with the management of the school, we do not wish to do it; but we wish you to know that when it comes to our school being sponsor for undesirable women of this kind we feel that we have something to say and we intend to say it." And they did say it. The consequence was that those women were not taken into that school.

It is just as much your duty as alumnae of your schools to safeguard the reputation of the school as it is for the superintendent. You can safeguard it, of course, by the character of your own work and your own conduct; but you know of the general policy of the school, and it should have your loyal and hearty support. When it comes to things like this, that are so grave to all of us, then you have your work to do, just as well as the head of the school.

I am not going to talk much about the Red Cross work. I have been talking about that all over the country and I believe that the nurses are fast coming into the Red Cross. One thing that I do say and that I want every one of you to remember that I say, is that we wish to make the Red Cross our roll of honor; that there shall not go into it one undesirable woman. Whatever comes to us in the way of city calamity or state calamity or national calamity we will do our part.

We are the only women who can do anything in time of war. We do not take guns nor ammunition nor anything of that kind, but some of the work we do is harder than that. Facing bullets I do not think is as hard as some of the things we have to do. We wish to be ready for it and we wish that every nurse in the country should do her part to see that our enrolment in the Red Cross has not one undesirable woman in it, and if she gets in by mistake let us get her out.

There is so much to say that I might go on indefinitely and tire you all out with it. I have been very, very greatly impressed with the splendid work that has been done all over the country. That we have faults and serious faults and grievous ones you know as well as I; but I do wish to again remind you that it is in our associations, and it is how we hold together and how we work together and how tolerant we are of one another's faults and how helpful we are to one another, that is going to make the standard of reputation of the nursing profession in this country. Nobody can take away a good reputation if we have it, and no one can give us a bad reputation if we do not deserve it, and we must do our part in every way. I have been so overcome at times with the character of the work that has seemed to me so unappreciated and so little understood by such a large body of women all over the country. In the smaller cities and in those places that are unfortunately unable to come to such gatherings as this, are the people that we do not hear anything about; but they are doing their work and they are doing it beautifully; and in the Superintendents' Society and this society I think one of the things we must think about more and more is how much and how far these two great societies can help those people who are unable to come to us.

Emma M. Nichols, chairman of the Committee on Arrangements, presented a report in the form of plans for the entertainment of the members of the convention and visitors.

THE PRESIDENT'S ADDRESS

AFTER hearing these announcements made by the Committee on Arrangements it seems almost hopeless to go on with the regular meetings of the association; and perhaps it is unfortunate that I had planned in the few minutes which are left, or which I feel that I may use, to talk rather seriously to the delegates who have come here.

First, I want to remind you of the growth of our association, how it covers the whole country, and binds us together in one common society, with common interests, difficulties, hopes, and aspirations, and to say to you that our success and our accomplishments depend upon the individuals; not alone upon the individuals as they come here to the meetings, but particularly upon the delegates as they go back to their home county, state or alumnae associations.

Some of you are here to-day for the first time, and I hope that you will accept this responsibility with a good deal of seriousness and place yourselves absolutely in sympathy with the work and the objects of this convention. While we hope that you may be able to take advantage of the many opportunities Boston offers, please, as delegates, sent here for a definite purpose, make these meetings your first business. I fear that sometimes the delegates do not begin to think about the report which they are to carry home until the last day of the meeting.

When you come to the meetings, please do not come in any spirit of criticism. It is easy to criticise, but come in a receptive mood believing that you may learn something.

The work of the association has progressed most satisfactorily during the past year. The appointment of an interstate secretary was, I think, one of the best things we have done in a long time. We can never again doubt the public spirit of nurses for it has been largely through their efforts that Miss McIsaac's trips have been planned and carried through so successfully. May I emphasize the point which she made in regard to the business-like methods of nurses? My correspondence in connection with the Red Cross has brought me in contact with nurses all over the country and I have been amazed at the enthusiasm and interest found in unexpected places. I am sure that Miss McIsaac and I have both come to the conclusion that the ability to do finished work, the patience to accept suggestions and the willingness to profit by them, will be found in all sections—north, south, east, and west.

We have a year of great opportunities and promise before us. May I say a few words in regard to the AMERICAN JOURNAL OF NURSING and

your responsibilities concerning it? A year ago last January we owned thirty-eight shares, but since that time we have nearly doubled the number, now owning seventy-four of the one hundred shares. We should begin this year's work fully determined to bring the JOURNAL purchase to a completion. We should strive to enlarge the publishing business of the company. We can easily increase the book business, if we will all co-operate, for we have the control of the situation. If we can hold our nursing organizations together and unite upon some general policy there is no reason why the JOURNAL should not prove a paying investment, making it possible to increase the usefulness and extend the activities of our association.

You have shown your unselfishness by generous contributions to the Isabel Hampton Robb Memorial Fund and I know you will agree that our united interests bring us more closely together. Do we not come to the convention this year believing more than ever before that we are professional sisters?

May I urge the delegates from the far distant places, the delegates from the northwest and the far west and the south, to take part in these discussions? I shall be bitterly disappointed during these meetings unless we hear discussions from many women whose names I shall need to ask. I am sure many of you may have valuable suggestions, and have had interesting experiences, and we are only too anxious to hear from you.

We have only to glance over our programme to realize the breadth of the interests and activities of this organization. Nothing could outline its responsibilities and aims better than a careful study of this programme. I trust that these meetings may be most profitable and that you may carry to your home inspiration, ambition and hope in your work.

The chair appointed the following committee on resolutions: Mary C. Wheeler, Chicago; E. E. Golding, New York; Mathild Krueger, Detroit; also inspectors of election as follows: A. B. Duncan, New York; Ursula C. Noyes, Boston; Alice Lord, Lowell, Mass.; Miss McCrae, Boston; Anna Rece, Louisville, Ky.

THE PRESIDENT: To-morrow morning we take up the discussion of the revision of the constitution and by-laws. We have thought this matter over and it seems wise to ask only delegates to attend this meeting. It is going to be a tiresome piece of work and it scarcely seems worth while for the visiting nurses to come in for that meeting, when there are so many interesting things which they can do in Boston.

Meeting adjourned to meet at 9.30 A.M., Thursday.

THURSDAY MORNING SESSION

The meeting was called to order at 9.45 A.M. by the president.

Mrs. Twiss moved that the association go into committee of the whole to consider the report of the committee appointed to recommend articles of incorporation and by-laws, with Miss Delano in the chair. Carried.

At 12.50 P.M. the association reconvened.

MISS McISAAC: As a member of the Board of Directors of the JOURNAL I am going to beg that we may hear what the pledges are for the JOURNAL purchase fund this morning, because we have a JOURNAL meeting this afternoon, and if we know what we have promised, then we know what we can do; and we are all of us interested, if it is a possible thing, in bringing the JOURNAL purchase to a close at this meeting.

THE PRESIDENT: I am tremendously interested in this question and I want to say to you that you have done a most gratifying piece of work during the past year and a half or two years. We now own seventy-four shares of JOURNAL stock and have nearly enough money pledged to purchase two more; and this has been contributed in the very best possible way, not only in large amounts but in small amounts; and as president of the Nurses' Associated Alumnae I want to say to you that it has warmed my heart quite as much when a pledge for fifty cents has come in from an individual nurse, as when some one else gave twenty-five dollars. It is not so much the amount of the gift as the fact that you were pledging yourself to the support of the JOURNAL, because no matter what happens, we are going to own the JOURNAL; I know that the nurses of the United States want the JOURNAL for their very own. They have given evidence of that.

A number of pledges were made.

REPORT OF NOMINATING COMMITTEE

For President: Sarah E. Sly, Birmingham, Michigan. Second nomination from the floor. For First Vice-President: Roberta West, Erie, Pa. Mrs. A. R. Colvin, St. Paul, Minn. For Second Vice-President: Margaret Dunlap, Philadelphia, Pa. Emma M. Nichols, Boston, Mass. For Secretary: Agnes G. Deans, Detroit, Mich. Second nomination from the floor. For Treasurer: Mrs. C. V. Twiss, New York, N. Y. Second nomination from the floor. Directors for Three Years (two to be elected): Mary M. Riddle, Newton Lower Falls, Mass. Genevieve Cooke, San Francisco, Cal. Ida Giles, Philadelphia, Pa. Mrs. Frederick Tice, Chicago, Ill.

(Signed) MAY S. LOOMIS, Seattle, Wash., Chairman
NELLIE GILLETTE, Louisville, Ky.
CAROLINE MILNE, Philadelphia, Pa.
ANNA DAVIDS, Brooklyn, N. Y.
EMMA M. NICHOLS, Boston, Mass.

Moved that nominations from the floor be closed. Carried.
Meeting adjourned to meet Friday morning at 9.30 o'clock.

FRIDAY MORNING SESSION

The meeting was called to order at 9.38 by the president. Minutes of Wednesday and Thursday sessions read and approved. Miss Delano, chairman of the committee of the whole, presented the following Articles of Incorporation and By-laws and reported that the committee of the whole recommended that the present Articles of Incorporation, Constitution and By-laws be amended so as to read:

ARTICLES OF INCORPORATION *

ARTICLE I. That the particular objects for which said corporation is formed are as follows:

To establish and maintain a code of ethics among nurses; to elevate the standard of nursing education; to promote the usefulness and honor, the financial and other interests of the nursing profession.

ARTICLE II. That the corporate name by which said corporation hereby to be formed shall be known and distinguished, is and shall be the American Association of Graduate Nurses.

ARTICLE III. That the territory in which the operations of said corporation are to be principally conducted, shall be the United States of America.

ARTICLE IV. That the number of directors of said corporation shall be eleven.

BY-LAWS

ARTICLE I.—MEMBERSHIP

SECTION 1. Any state, city, county, alumnae or kindred organization whose members are graduates from general hospitals giving not less than three years of training shall be eligible for membership. The training of graduates may have been in one or more hospitals.

SEC. 2. Organizations desiring to join this association shall make application on a blank form furnished by this association and shall send with it a copy of its constitution and by-laws. Such application and constitution and by-laws shall be forwarded to the chairman of the Eligibility Committee.

SEC. 3. Any organization having been duly elected by the Executive Committee may become a member of this association upon the payment of initiation fee and dues for the first year of membership.

SEC. 4. Any graduate nurse who has once served as a delegate and who has attended two consecutive meetings thereafter shall at the third meeting be a permanent member.

* Members of the American Nurses' Association must not make the mistake of using the by-laws as here printed as a guide. This form is that presented to the association by the Committee after the first day's discussion. The amended and perfected form may be obtained from the secretary, Agnes G. Deans, 174 West Fifth Street, Oswego, N. Y.

SEC. 5. Any organization which has withdrawn from this association or whose membership has lapsed on account of non-payment of dues may be reinstated within two years by the payment of all dues to the time of readmission. If two years have elapsed since withdrawal or lapse of membership, the organization may only be admitted by making application in regular form and by paying a membership renewal fee of two dollars.

SEC. 6. Honorary membership may be conferred on women who have rendered distinguished service or valuable assistance to the nursing profession by a unanimous vote at any annual meeting, the name having been recommended by the Board of Directors. Honorary membership shall not be conferred on more than two women at any annual meeting.

ARTICLE II.—OFFICERS

SECTION 1. The officers of this association shall be eleven directors, one of whom shall be a president, one a first vice-president, one a second vice-president, one a secretary and one a treasurer. These eleven shall constitute a Board of Directors.

ARTICLE III.—DUTIES OF OFFICERS

SECTION 1. The President shall be president of the Board of Directors and Advisory Council and ex-officio member of all committees.

SEC. 2. The Secretary shall keep the minutes of all meetings of the association, the Board of Directors, Executive Committee and the Advisory Council; preserve all papers, letters and transactions of the association and have custody of the corporate seal. She shall present to the Executive Committee all applications for membership in the association, with the report of the Eligibility Committee on the same. She shall turn over to her successor, within one month after the annual convention, all association property in her possession. She shall receive a salary of not less than \$300, the amount to be determined by the Board of Directors.

SEC. 3. The Treasurer shall collect, receive and have charge of all funds of the association; shall deposit such funds in a bank designated by the Board of Directors, and pay such bills only as shall have been approved by the President. She shall report to the Executive Committee, whenever requested to do so, the financial standing of the association and make a full report to the association at each annual convention. She shall give a bond, subject to the approval of the Board of Directors, for the faithful performance of her duties. Her accounts shall be audited annually by a certified public accountant approved by the Board of Directors. She shall receive a salary of not less than \$100.

The retiring treasurer shall within one month after the close of the annual convention turn over to the treasurer all money, vouchers, books and papers of the association in her custody, with a supplemental report covering all transactions from May first to close of the annual convention.

SEC. 4. All officers except the secretary and the treasurer shall on the expiration of their term surrender all property belonging to their office, to the new Board of Directors.

SEC. 5. Necessary expenses incurred by officers or committees in the service

of the association may be refunded from the general treasury by order of the Executive Committee.

ARTICLE IV.—ELECTIONS

SECTION 1. The officers of this association shall be elected at the annual convention by ballot.

SEC. 2. A majority vote of those present entitled to vote, and voting, shall constitute an election.

SEC. 3. On the first day of the convention the president shall appoint inspectors of election and tellers.

SEC. 4. The secretary shall furnish to the chairman of the tellers, not less than two hours before the opening of the polls, a list of the officers, presidents of state associations, permanent members and charter members entitled to vote, also the names of kindred organizations, the number of delegates present and number of votes to which each delegate is entitled.

SEC. 5. The teller in charge of the register shall check the name of the association or member voting.

SEC. 6. The teller in charge of the ballot box shall place her official mark upon the back of the ballot and the voters shall then deposit the ballot.

SEC. 7. Polls shall remain open for such a period of time as shall be specified by the Board of Directors.

SEC. 8. Each officer shall hold office until the adjournment of the annual convention following that of her election.

SEC. 9. In case of a vacancy in any office, the president shall appoint a member to serve until her successor is elected.

ARTICLE V.—BOARD OF DIRECTORS

SECTION 1. The Board of Directors shall transact the general business of the association in the interim between annual meetings.

It shall provide for the proper care of all books and papers of the association and for the payment of a place of meeting when necessary.

It shall appoint an interstate secretary when such may be required and all standing committees not otherwise provided for.

SEC. 2. It shall have power to select a place of deposit for the funds of the association and provide for their investment.

SEC. 3. It shall hold a business meeting immediately preceding and immediately following each meeting of the association and shall meet at other times on the call of the president, or upon the request in writing of five or more of the organizations belonging to the association, no two of which shall be from one state.

ARTICLE VI.—ADVISORY COUNCIL

SECTION 1. The officers of this association and the presidents of state associations belonging to this association shall constitute an advisory council to consider and promote the interests of the American Association of Graduate Nurses.

SEC. 2. Meetings of the Advisory Council shall be held in connection with each annual convention at such time as shall be designated in the programme.

ARTICLE VII.—STANDING COMMITTEES

SECTION 1. The standing committees shall be as follows:

- (a) Executive.
- (b) Eligibility.
- (c) Programme.
- (d) Arrangements.
- (e) Publication.
- (f) Nominating.

SEC. 2. The Executive Committee shall consist of seven members, all of whom shall be directors and three of whom shall be the president, the secretary and the treasurer. It shall meet at the call of the president or of any three of its members and shall have power to receive and act upon all applications from organizations for membership and to transact the general business of the association between the meetings of the Board of Directors. It shall report all its transactions to the Board of Directors and the same be subject to their approval and report to the association at each annual convention.

SEC. 3. The Eligibility Committee shall consist of five members, who shall investigate the eligibility of all organizations applying for membership in this association. It shall report its findings to the Executive Committee, whose decision as to eligibility shall be final.

SEC. 4. The Programme Committee shall consist of five members; it shall prepare and arrange the programme of papers and discussions and in conjunction with the Executive Committee prepare a complete programme for the annual convention.

SEC. 5. The Arrangements Committee shall consist of five members. The chairman of this committee shall be a resident of the city in which the annual meeting is to be held. It shall make all local arrangements for the meeting and superintend the registration of visitors.

SEC. 6. The Publication Committee shall consist of three members, one of whom shall be the secretary and one the editor of the *AMERICAN JOURNAL OF NURSING*.

SEC. 7. The Nominating Committee shall consist of five members, two of whom shall be appointed by the chair and three by the house. On or before November first preceding the biennial meeting this committee shall issue a blank to each organization and to each charter and permanent member belonging to the association, on which blank may be written the names of at least two nominees for each office to be filled. Blanks from organizations shall be signed by the president and secretary of the organization and the name of the organization shall be appended. Blanks shall be returned to the Nominating Committee before January first preceding the annual meeting. From these returns the committee shall prepare a ticket of nominations, consisting of the two nominees receiving the highest number of nominations for each office and expressing a willingness to serve if elected. This ticket shall be mailed to each organization at least one month previous to the biennial meeting.

ARTICLE VIII.—DUES

SECTION 1. Each association shall pay an initiation fee of five dollars.

SEC. 2. The minimum annual dues for any organization shall be five dollars.

SEC. 3. The annual dues of any state association shall be ten dollars.

SEC. 4. Annual dues of county, city associations and kindred organizations consisting of more than fifty members shall be ten dollars.

SEC. 5. Annual dues of alumnae associations shall be fifteen cents per capita.

SEC. 6. Annual dues of permanent members entitled to vote shall be two dollars.

SEC. 7. All dues shall be paid in advance not later than April 30.

SEC. 8. Every organization paying on a per capita basis shall pay dues each year on the basis of membership the first day of January of that year, except that for the first year dues shall be paid on the basis of membership at the time of admission.

ARTICLE IX.—MEETINGS

This association shall hold an annual meeting beginning in the year 1913, at such time and place as may be determined upon by the Board of Directors.

ARTICLE X.—REPRESENTATION

SECTION 1. The voting body at an annual convention shall consist of the officers, presidents of state associations, regularly accredited delegates, permanent members entitled to vote and charter members.

SEC. 2. Each state, county, city or kindred organization shall be entitled to one delegate.

SEC. 3. Each alumnae association composed of fifty members or fewer shall be entitled to one delegate; if composed of one hundred members two delegates; and for each additional fifty members one additional delegate.

SEC. 4. Organizations entitled to more than one vote may send a delegate or delegates with power to vote as proxy; such delegates to present credentials showing the number of votes to which their organization is entitled.

SEC. 5. No vote as proxy shall be allowed except in election of officers. No person shall be allowed to represent, either in person or by proxy, an organization of which she is not a member.

SEC. 6. A delegate may be represented by an alternate elected in the same manner as the delegate.

SEC. 7. No person shall be entitled to more than one vote unless holding a proxy.

SEC. 8. Each state association may be represented by its president.

ARTICLE XI.—QUORUM

SECTION 1. Delegates from one-third of the organizations belonging to the American Association of Graduate Nurses shall constitute a quorum for the transaction of business at any meeting.

SEC. 2. A quorum of the Board of Directors shall be six members, of the Executive Committee five members and of the Advisory Council twenty members.

ARTICLE XII.—FISCAL YEAR

The fiscal year of this association shall be from May 1st of one year to April 30th of the following year, inclusive.

ARTICLE XIII.—PARLIAMENTARY AUTHORITY

Deliberations of all meetings of this association shall be governed by Parliamentary Usage for Women's Clubs, by Mrs. Emma A. Fox.

ARTICLE XIV.—AMENDMENTS

SECTION 1. These by-laws may be amended at any annual meeting by a two-thirds vote. All proposed amendments shall be in the possession of the secretary at least two months before the date of the annual convention and shall be appended to the call for the meeting.

SEC. 2. These by-laws may be amended at any annual convention by a unanimous vote without previous notice.

Miss Damer moved to amend Article II of the Articles of Incorporation by striking out "of Graduate Nurses" and inserting "Nurses" before Association. Motion seconded.

MISS DAMER: There has been a good deal of discussion in regard to the name; that is, of retaining that word "graduate." Now nearly all of our state associations are known as nurses' associations—the New York State Nurses' Association, and Pennsylvania, and I think the majority of our state associations. Now why should we in our states be known as nurses and when we come to the national association we must be called graduate nurses? It would seem as if the one name would be as satisfactory to cover the national body, composed of the states.

MISS GOLDING: I want to say that we have been interested a little in New York in a change of by-laws, and the question will come up, I think, of the definite standing or definition as to what a nurse is. One of our difficulties is that they say we cannot define a nurse, and that very likely the thing will hinge entirely on the question of graduate nurse or nurses, to distinguish from what is called professional nurses; and as there is no definition of a nurse, but we all know what a graduate nurse is, I think that the time will come when we will feel the omission of the word "graduate."

MISS GOODRICH: I would like to speak for a moment on the subject of the word "nurse." We find it difficult to define or protect the word "nurse," but I think it is well for us to realize that the community at large is given to understand that the term "nurse" is used for the trained graduate or professional nurse, and that the woman who is a nurse is generally being called "trained." I think that the word "nurse" is very dignified and I think we will have to make people understand that "graduate" is what is meant by "nurse." And I think that not until we take that stand can we define clearly what the preparation of the woman shall be who is going to adopt nursing. It seems to me it will be a step in advance if the association has the courage to establish it and then work it out, and then make all those who practise nursing—have a statute on the books that only those who are properly prepared can practise as nurses. No matter what we do to protect the word, some one word comes up like "certified." If you say "graduate" or "professional" or "trained" they get the word "certified." And until we can control who shall practise as nurses we do not really get at the root of the matter.

Miss Damer's motion prevailed.

Moved and seconded that the articles of incorporation as submitted by the Revision Committee, with the amendment which has just been passed, be accepted. Carried.

THE PRESIDENT: We now come to the by-laws. We will place them before the convention as a whole and then open the subject for discussion section by section. Will some one make a resolution in regard to this?

Miss Davids moved that the by-laws be accepted.

THE PRESIDENT: It has been moved and seconded that the by-laws as a whole, as recommended by the committee of the whole, be accepted. The subject is now open for debate, and we will take up Article I, Section 1. This seems to have been one of the difficult questions and the committee has given me an amendment in which it has tried to carry out the suggestions of the house.

"Any state, county, or city association, or one of national character, which shall be approved by the Eligibility Committee shall be eligible for membership. Any alumnae association from a school giving its pupils three years' training in a hospital, or giving an equivalent training in a professional school and hospital, or in one or more hospitals, shall be eligible for membership."

MISS McISAAC: I do not see how we can do any less than impose restrictions upon the alumnae associations. I do not believe there is any woman here but wants to make them better, and we wish to have the associations in the Associated Alumnae the best we can. If we put greater restrictions upon the alumnae associations than we do upon the kindred organizations it is because we feel that they can rise to meet them; and the alumnae associations have more privileges than the kindred organizations. They have a much greater voting power and all that. What eventually we are working for and what we wish to meet some day is individual membership, but until that time I do not see how we are going to make that any different, nor why we should block everything else for it.

MISS GOODRICH: It seems to me that first section protects the individual very well. The Eligibility Committee has the right to accept those they feel are eligible, so that if nurses have taken an additional term in another hospital it perhaps gives them the right; and the second clause includes exactly what we meant concerning the education of the nurse, which is more important than just the training in the hospital.

Miss Goodrich moved that Section 1, Article I, be adopted with amendment as recommended by the committee. Carried.

THE PRESIDENT: Prof. C. E. A. Winslow is here to make his address, and I think we can postpone this part of the proceedings until later.

MRS. TWISS: I move that we lay the report of the committee of the whole on the table.

Carried.

THE ROLE OF THE VISITING NURSE IN THE CAMPAIGN FOR PUBLIC HEALTH

By C. E. A. WINSLOW

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IT would be somewhat more than a play upon words to say that the campaign for public health is passing at present through a humanistic stage. In other words attention is directed to the human body as the source and centre of disease rather than to the more remote environment which filled so large a place in the thoughts of an earlier generation. Sanitarians of thirty years ago were mainly concerned with the dangers from swamps and refuse heaps and plumbing pipes and fomites. We are not greatly exercised about these things but focus our attention chiefly upon the original source of the disease germ, the infected human body, whether of the frankly sick or of the carrier class. The emphasis is upon persons where it was once chiefly upon things.

It is of course true that pathogenic germs are spread from person to person by various inanimate vehicles of disease. Polluted water, polluted or decayed milk, and insects may all carry infection. Filthy conditions of living act as the nurse if not the mother of disease. Yet in all these cases the human body is the original source of infection. The extent of the danger bears an inverse relation to the length of time which elapses in transit. In all the diseases, except those carried by certain insect hosts, direct contagion plays a more or less important part.

Public sanitation, including the care of the environmental factors, the protection of water and foods, the disposal of wastes, the conditioning of the atmosphere and the like, has its own field. Yet it is, I think, more and more clear that the real strategic point is by the bedside of the patient and at the elbow of the convalescent or the carrier. Here the chain of infection can be broken far more surely and more economically than at any other point. The prompt detection of infected persons and their isolation are the most effective of all methods of stopping the spread of communicable disease and the most universal, if one interprets isolation broadly. Effective isolation may mean complete separation of the infected individual from all personal contact, as in smallpox, or it may be attained merely by the systematic disinfection of excreta, as in tuberculosis and in typhoid fever. In any case the control of these diseases requires intimate supervision and detailed regulation of

personal conduct which depends in practice upon the individual instruction of a trained expert. Such a trained expert will usually be a nurse; and this is the first important role of the visiting nurse in the campaign for public health.

Beyond all the agencies which deal chiefly with the checking of specific maladies, there is to-day opening up a new field of public-health activity in which the preservation of health, rather than the prevention of disease, holds a pre-eminent place. Public sanitation deals with the larger problems of our common municipal life, with the purification of water supplies, the supervision of milk supplies, the disposal of municipal wastes, the sanitation of living and work places. Private sanitation reaches out into the conduct of the individual life, preventing the discharge of infected excreta into the general environment and protecting the individual, as far as possible, against the subtler methods of transmission of prosodemic disease. Of equal importance, and in many instances of even more importance, is the problem of personal hygiene which deals not with specific diseases but with the maintenance by proper food and exercise and rest and atmospheric conditions of a sound physical tone which will enable the body to meet and repel an occasional invading microbe.

We owe our real recognition of the importance of personal hygiene and our practical methods of disseminating this knowledge chiefly to the campaign against tuberculosis. In the case of this disease it was quite clear that the most important of all measures were those which built up the vital resistance of the body and maintained the fighting edge which is so effective against this particular microbial enemy. Sanitary shops and tenements were needed, the sanitary care of sputum was needed; but above all healthy habits of individual living were essential. Hence the anti-tuberculosis movement became a great campaign of popular education. It was animated by a new idea, the idea of bringing hygienic knowledge right to the individual in his home or in his shop; and it developed a new machinery, a new system of organization for bringing about this end. In doing this work, the medical and sanitary experts and particularly the social workers not only pointed the way to a conquest of the great white plague but set in motion forces which are revolutionizing the campaign for public health in every field.

The same thing has happened more recently in the movement for the reduction of infant mortality. Budin began his conferences with nursing mothers in 1894, but for ten years more public health officials were chiefly concerned with ineffectual attempts to improve an artificial milk supply while the central features of the problem, the child and the mother,

were ignored. When the first American Conference for the Prevention of Infant Mortality was held at New Haven in 1909 it was surprising to see how experience from every organization dealing with the problem had focused on a single point. Man after man said in effect that he had come to feel that the success of a station could be gauged not by the quarts of milk distributed but by the nursing mothers under instruction. The movement for the reduction of infant mortality became at that meeting, consciously and definitely, an educational one; and its prime task is to-day recognized, as clearly as in the case of tuberculosis, to be the task of carrying sanitary and hygienic knowledge into the individual home.

Education then is the keynote of the modern campaign for public health. Tuberculosis and infant mortality are pre-eminent among all the causes of preventable disease and death as the two greatest scourges, in the abatement of which the largest results for humanity are to be attained. In each case the fight must be won not by the construction of public works but by the conduct of the individual life. The same thing is true with regard to the spread of the acute contagia, the burden of venereal disease, the obscure ill effects of defective eyes and ears and teeth and a dozen other problems which in greater or less degree concern the public health. In every one of these cases the results we are striving for can only be reached by spreading a clear knowledge of the ways in which disease spreads, and the ways in which it is prevented, among the mothers who bring up the babies and the men who pay rent in the tenements and work in the stores and factories.

We need expert sanitary engineers to build and operate our public works; we need sanitary physicians to deal with the broader communal aspects of the spread of communicable disease; we need sanitary bacteriologists and chemists and statisticians to furnish the special expert knowledge by which all these activities must be guided. More than all, however, we need large bodies of sanitary educators who can bring our knowledge to bear on the individual citizen who alone can make so much of it effective. Some of these missionaries of sanitation will be physicians, but most of them will be of your profession. And that is why in my judgment the visiting nurse is the most important figure in the modern movement for the protection of the public health,—even if I state the case more moderately than did a student of mine in a recent examination paper. As he put it, "The nurse is the Grant, the Blucher of the campaign. She has come up with her splendid training, her many talents, her ready sympathy and mother heart at the crisis in the battle. Those who have fought long and hard may take courage. The victory will be won. Waterloo is in sight."

Three fields for the activity of the visiting nurse have already been fairly well mapped out, those which are concerned with school inspection, with tuberculosis, and with the reduction of infant mortality. The history of the movement for school nursing is a brief but an instructive one. The visits of a district nurse to a single school in a poor district of London, in 1894, were so fruitful as to arouse the interest of Miss Honnor Morten, herself a nurse and a social worker and a member of the London School Board. A voluntary "School Nurses' Society" was founded in 1898 and three nurses were appointed, each with four schools under her care. The School Board later provided a basin and kettle for the use of the nurse in each school with the proviso that the expense of the two articles should not exceed three shillings, and still later provided a single nurse for the three and a half million children in the schools. In 1904 the whole work was seriously taken up by the School Board and a staff of official nurses appointed, but their work was limited to reporting, excluding from school, and distributing printed circulars, eliminating the most important part of the whole, the instructional visiting in the home.

School nursing in the United States was begun in a similar way by private enterprise, and is one of the many fine things we owe to Miss Lillian Wald of the Henry Street Settlement in New York. Following Miss Morten's work in London, Miss Wald in 1902 offered to place one of her staff in the schools for an experiment. The demonstration was so conclusive that in the next year at the request of Dr. Lederle, Commissioner of Health, \$30,000 was appropriated for an official beginning of the work. To-day 157 nurses are employed in school inspection and in the instruction of mothers in the care of children. Dr. S. Josephine Baker, Director of Child Hygiene to the New York Department, writes of the present organization as follows:

"In public health work, particularly among children, the trained nurse is the link between mere compiling of statistics and applied results. Believing that it is the true function of health authorities to make their efforts preventive rather than corrective, the methods employed must be almost wholly educational in order to be effective. Experience has shown us that educational health work can be carried on with a certain degree of success by the use of popular bulletins, pamphlets, lectures and other forms of general instruction, but when dealing with specific instances of health in the family the most direct and surest way is to make an individual personal appeal to the family itself. In this work the trained nurse has found a new field of work and her employment by municipal boards of health has been of inestimable value."

"In the school the nurse's main duty is to detect cases of contagious eye and skin diseases and to see that they obtain treatment, either by private physicians or dispensaries or by treating them herself in the school. The former method, before the employment of the school nurse, consisted in excluding all children so affected until treatment was obtained. These children rarely obtained treatment, owing to poverty or neglect, and the fact that the ailment was in many instances so slight that any expenditure for medical care was considered unwarranted. The consequent truancy and loss of school time was enormous. An interesting and conclusive comparison is that of the years 1902 and 1910 or 'before and after' the use of the nurse. In 1902, 53,903 children were excluded from school attendance for these minor contagious diseases. In 1910 it was necessary to exclude only 4131 children, in instances where the disease was in such an acute stage that even with continued treatment school attendance was not considered safe. The gain in school time alone has more than offset any expenditure in salaries. To accomplish this result the nurses gave 89,116 treatments in school in 1910, exclusive of the cases of pediculosis and trachoma, where instructions and supervision of outside treatment are required.

"In 1905 the department instituted the practice of physical examination of each school child to determine the existence of any non-contagious physical defect interfering with the general health of the child or its school progress. Whenever defects were found notice was sent to the parents, advising them to take the child to a physician or dispensary for treatment; return postals were furnished to report to the department the action taken. About 6 per cent. of the children were placed under medical care. With the establishment of the Division of Child Hygiene in 1908 this method was discontinued and all cases are now referred to the nurse who visits the home, explains the necessity of treatment, follows up the case by repeated visits until treatment is obtained or absolute refusal is met. During 1910, 74 per cent. of all children followed up received medical attention. Mere figures can give no idea of the educational and social value of this work. It has meant remedying home conditions, correcting unsanitary and unhygienic living surroundings, adjusting dietaries, and rendering the whole home life of the child safer, more wholesome and more healthful. The educational value has been profound. When defects already existed correction is essential, but the awakening of parents to a sense of responsibility in this direction has resulted in an entirely different mental attitude towards all of the children in the family and a desire to learn the ways and methods for the prevention of such conditions in the future. The

effect on the children themselves is even more marked. The influence of the nurse is shown in greater attention to cleanliness, hygiene and health. So long as there is no scientific standard of school advancement or promotion no definite study of the relation of school progress to physical defects can be made, but from the point of view of the child as a child the results have clearly shown that the health standard is definitely higher even in the short time under consideration. Its value to the next generation cannot be doubted."

The example of New York was quickly followed. Miss Yssabella Waters in her book on "Visiting Nursing in the United States" (1909) lists 24 cities which at that time employed school nurses, including Berkeley, Los Angeles and San Francisco in California; Pueblo, Colorado; Atlanta, Ga.; Seattle and Tacoma, Wash., and most of the large eastern and middle-western cities. The whole subject of the school nurse has been admirably treated in a recent monograph by Miss Isabel M. Stewart and Miss M. Adelaide Nutting in the Ninth Yearbook of the National Society for the Study of Education. Its present status is well summed up in the paragraph which they quote from Gulick and Ayres' "Medical Inspection of Schools":

"To sum up the case for the school nurse, she is the teacher of the parents, the pupils, the teachers, and the family in applied practical hygiene. Her work prevents loss of time on the part of the pupils and vastly reduces the number of exclusions for contagious diseases. She cures minor ailments in the school and furnishes efficient aid in emergencies. She gives practical demonstrations in the home, of required treatments, often discovering there the source of the trouble, which, if undiscovered, would render useless the work of the medical inspector in the school. The school nurse is the most efficient possible link between the school and the home. Her work is immensely important in its direct results and very far-reaching in its indirect influences. Among foreign populations she is a very potent force for Americanization."

The application of the educational force of visiting nursing to the problem of tuberculosis was again due to the far-sightedness and organizing ability of Miss Wald; and she presented an excellent summary of the history and significance of the movement before Section V of the Sixth International Congress on Tuberculosis. As early as 1893, when the Henry Street Settlement was organized, definite plans were made for the instruction of tuberculosis patients. The New York City Department of Health began its splendid campaign against tuberculosis in the next year, 1894, but its official staff of nurses was not organized until nine years later. Dr. Osler inaugurated a system of home instruc-

tion for the tuberculous in Baltimore in 1899. It was only after 1904 that these pioneer efforts were merged in the greater popular anti-tuberculosis movement which has done so much not only for the restriction of the particular disease with which it is concerned, but for the regeneration of the whole campaign for public health along new and effective lines. Since January, 1905, anti-tuberculosis organizations have increased from 24 to 511, sanatoria, hospitals and day camps from 115 to 421, dispensaries from 19 to 342. In this new field of social hygiene the nurse has come to play a more and more important part; for the campaign against tuberculosis is primarily a matter of individual conduct, care of the excreta on the sanitary side and rational treatment of the living machine on the hygienic side. There are other aspects of the question, where it touches municipal sanitation in respect to the construction of living and work places and where it deals with the economic conditions which are so intimately interwoven with preventable disease. Yet the most direct and immediate method of attacking this complex problem lies along the line of personal instruction and the function of the visiting nurse becomes of supreme importance. Miss Wald, in the paper to which reference has been made, lists 33 states and 59 cities as having placed tuberculosis nurses at work, while 70 associations of nurses were then working solely in the tuberculosis campaign.

The third important field for the visiting nurse is in the reduction of infant mortality, the newest and one of the most hopeful of all forms of public health activity. The systematic organization of this movement on a large scale dates only from the formation of the American Association for the Study and Prevention of Infant Mortality at New Haven in 1909. At that meeting, however, New York, Chicago, and Philadelphia could already report good beginnings and in other cities, as in Boston, philanthropic agencies were carrying forward the same work under private auspices. It is clearly recognized to-day that there is just one effective way to cope with the great evil of infant mortality, the instruction of the individual mother, so that she may give her baby its normal food and may intelligently care for it in other ways. Here as in the case of tuberculosis there are sociological factors which must some day be dealt with. Poverty and ignorance, as Dr. Holt has said, are the twin roots from which the evil springs. Yet just because the problem of poverty is beyond our reach as yet, we should strive the more earnestly to cope with the ignorance which lies within our grasp. Again, therefore, the visiting nurse holds the key to the situation. Dr. J. H. Mason Knox, late president of the American Association for Study and Prevention of Infant Mortality, writes as follows in the *Visiting Nurse*:

Quarterly for July, 1910: "In the last analysis, however, all our work hinges upon the better care of individual babies coming under our influence, and it is here that the trained nurse should be given the first place, both because of her unique opportunity and because of the good results which she has and does accomplish. It is she who enters the home, a welcome visitor, but one armed with expert knowledge and kindly act. It is she who can open the closed windows, remove superfluous clothes, prepare the baby's feedings, give it a bath as an object lesson to the mother, and perform a hundred other services which together mean the difference between life and death."

Miss Nutting has pointed out that Florence Nightingale had a clear vision of these new developments in their main outlines many years ago. She spoke of "Health Nursing" as distinguished from "Sick Nursing," and pointed out that "The same laws of health or of nursing, for they are in reality the same, obtain among the well as among the sick. The breaking of them produces only less violent consequences among the former than among the latter, and this sometimes, not always." "We have medical officers, immense sanitary works; we have not nurses—missioners of health-at-home."

This is the crux of the whole movement for the public health to-day. The maintenance of health by education is more and more the aim of the social worker and the public health official; and the establishment of a corps of nurses by the Metropolitan Life Insurance Company is a striking indication of the practical financial value of such efforts. I look to see an unprecedented development of preventive measures along lines of which we scarcely dream to-day. The medical inspection of schools began with the idea of preventing the spread of acute contagious disease from one pupil to another, an orthodox sanitary function. It soon included less acute communicable diseases and finally purely individual physical defects, and these latter to-day occupy an overwhelming proportion of the energies of the school doctor and the school nurses. In New York City in the last half of 1908 the school nurses dealt only with 1868 cases of acute contagion against 121,738 cases of communicable diseases of the skin and eye and 247,211 cases of non-contagious physical defects. There is no sound logical reason why the community should take an active part in dispelling the ignorance that leads to tuberculosis and infant mortality while leaving its citizens unaided in coping with diseases of the arteries, the kidneys and the nervous system.

We have been considering so far only the more direct and obvious functions of the visiting nurse in relation to the sanitary and hygienic

education of the individuals who come under her charge. She has also many opportunities, if she is qualified to avail herself of them, to play an important part in the general movement for better municipal sanitation and in the broad scientific and sociological investigations which underlie the public health campaign. The inspection of factories and schools and tenements with respect to the physical environment, to atmospheric conditions and lighting, sanitary conveniences, and general cleanliness and the protection of the worker from industrial accidents and industrial poisoning—all these functions can well be performed by a trained nurse who can deal at the same time with the physiological condition of the occupants—provided, of course, that she has acquired the requisite sanitary training. Finally, the visiting nurse must be in her field a research worker, a "social reporter" as Miss Wald has called her. She is in touch with all the practical phases of the problem as no one else can be. She can render a great service in the accumulation of information as to the importance of various factors in disease which we so much need to build up the quantitative sanitary science of the future. As Miss Mary E. Lent has said of the tuberculosis nurse, "She can put the facts so strongly before the public that the state will finally be obliged to take measures to accomplish what she herself has been unable to do. She is able to unearth, and expose to the public, conditions whose existence no one else could suspect. Her opportunities in this line are unlimited. She cannot stamp out tuberculosis by teaching her patients, but she can do an enormously important work toward the same end by enlightening the general public in regard to the facts of the case, and interpreting for them the conditions that render futile the present efforts to eliminate the disease."

All this requires obviously enough a highly trained and specialized expert. I have no knowledge of the requisites for "Sick Nursing"; but it is quite clear that in public health work the visiting nurse must be no empirically trained upper bedside servant. She must understand thoroughly the general fundamental laws of hygiene and sanitation, which means a mastery of the principles of physiology and bacteriology, and she must have a minute grasp of their special applications in the field of her own work, whether it be school nursing, tuberculosis nursing or infant hygiene. She must know these things not merely as a practitioner but as a teacher, which means not only a knowledge of details but a vision of their right relationship and a talent for effective presentation.

She must in addition to all this be equipped with a knowledge of the economic conditions and the sociological principles which intimately touch her work at a hundred different points. A speaker at the Tuber-

culosis Congress quoted "a Boston physician, well to the fore in the antituberculosis movement, who said that he would rather have the trained social worker for tuberculosis work than the graduate nurse who had no knowledge of social and economic questions;" and there are many who would agree with this opinion.

The mere rehearsal of such qualifications is almost an arraignment of the present system of nursing education, in despite of which so many nurses have achieved notable things for themselves and for the community. As Miss Stewart and Miss Nutting have said, this vocation "demands educated women, women who not only know how to do things but why they do them; women of broad sympathies and social understanding as well as practical skill. This enlarging field of nursing activities makes a new and direct call on the hospital training schools to uphold high standards of entrance requirements and to furnish a type of professional training which will fit the student not only for private and hospital service, but for the social and educational field as well."

It is a matter of common knowledge that most hospital training schools are not prepared to meet these new needs and cannot meet them without external aid. Over a thousand such schools have come into existence since 1890, but their establishment has been inspired less by educational ideals than by the desire to obtain unpaid assistance in the routine work of the hospital itself. Too often standards of admission, which are of such importance in a profession demanding unusual physical and mental and personal qualifications, are sacrificed to the need for student nurses to do the work. Too often the applicant, once admitted, is subjected to severe conditions of overwork and underfeeding and poor living accommodations. Always there are the educational weaknesses inherent in an undertaking which is not primarily educational in aim. The course is apt to be carelessly planned, the teachers those who chance to be available, the teaching what they happen to find it easiest to give and the laboratory equipment hopelessly inadequate. Most fundamental of all is the problem of time. It is absurd to attempt to train the nurses we need for the public health campaign by a course which involves two or three hours a week of theory and fifty to sixty hours in the wards, not hours of clinical instruction, but for the most part a routine of unenlightening and exhausting manual work. The relation between the hospital and the training school should be a symbiotic one; it more nearly resembles a case of simple parasitism.

The solution of this whole problem may perhaps lie as in other cases in the recognition that the genus, Trained Nurse, must be special-

ized to deal with the diverse duties which may be demanded of her. For some purposes complex instruments are needed while for others simpler ones will serve. Miss C. A. Aikens, in the Transactions of the Tenth Annual Conference of the American Hospital Association, makes a strong plea for a simpler and more practical training even than the present one. "Suppose we skipped the lessons on embryology and started with the sick man as he is when he comes into the hospital. Suppose we just put him to bed, clean him up, study his symptoms, and take the best care of him that we can." I suppose there is need for nurses of that kind and I can quite conceive that a smattering of half-digested lectures may spoil a good bedside assistant without producing anything else. It is well perhaps that the training of such nurses for their high calling of faithful undistinguished service should be organized on the simplest and most practical lines. But this sort of education will not serve for the instructive visiting nurse in the public health campaign. She must have a sound grasp of the biological principles which underlie her work so that she ought to have as good a grounding as the medical man in the fundamentals of physiology and bacteriology and hygiene; and she must in certain directions go beyond what the physician, as a physician, can teach her, for she must be acquainted with the broad outlines of sanitation and sociology which lie outside his field.

It is obvious that this need can only be met by special institutions devoted to the training of nurses for the higher branches of their profession, institutions which while they are affiliated with hospitals are independent of them and exist primarily for purposes of education. Dr. F. P. Denny long ago presented the need for such an institution in an able paper in the *Boston Medical and Surgical Journal* for June 18, 1903. He points out that the nurse's education can only fit her for a profession rather than a manual trade if it includes sound theoretical instruction given under such conditions that she is not too exhausted by a day's labor to profit by it. For this purpose he suggests a course of study of at least one year dealing with fundamental principles before the beginning of hospital work. In view of the recent developments of social service and public health we may to-day emphasize as equally necessary the provision of special graduate instruction for nurses specializing in these various lines. For nurses of all classes, however, a sounder elementary training is essential, as urged not only by Dr. Denny but by Dr. Richard C. Cabot and Mrs. Hunter Robb in this country, and by Dr. Oldfield in England. The case has been most forcibly presented by Professor Nutting of Teachers' College in a paper read before the Tenth Annual Conference of the American Hospital Association and

in the joint paper with Miss Stewart to which reference has been made. There are indeed as she says those "who feel that in the best interests of both hospital and training school some reconstruction of (the present) system is necessary; that much of the teaching, especially all of that fundamental work included in the preparatory course now given in the hospital, should be given outside of it in a central school which could do for a number of hospitals what each one is now trying to do for itself; and that this central school should take upon itself the direction of the education and responsibility of arranging with different hospitals for the practical training of the pupil in all the various services. In other words, that the training school should rest upon a foundation not unlike the medical school."

Miss Nutting has done more than criticise present conditions. She has made the first constructive effort to provide a remedy. She has organized at Teachers' College a Department of Nursing and Health which meets the graduate side of the problem by giving to holders of a high school certificate, or its equivalent, and a training school diploma, a course of one year designed specifically to prepare "teacher nurses" for district nursing, school nursing, tuberculosis and infant mortality nursing and other fields of municipal and social service. This points the way to a splendid opportunity for educational and philanthropic endeavor. It should be an affiliated part of a college of nursing and there should be such colleges wherever the financial and hospital facilities of a city make it possible. Your profession and mine should unite in urging the need for such an institution until we can effectively arouse the interest of the friends of education and of human welfare. The problem is solely a financial one. Given the funds, a single college of this kind would in ten years so demonstrate its usefulness that more would easily follow. You nurses need it in order that your profession may attain its proper dignity and usefulness. We sanitarians need it in order that the campaign for the public health may be carried forward at its most critical and hopeful point.

THE PRESIDENT: I am sure it is impossible for us to express our appreciation of this perfectly splendid address. As I sat here listening to it, it seemed to me like the crystallization of all that we had talked and hoped and dreamed of these years, given to us in a perfectly clear and concise way; I am sure that we shall go away with a great deal more courage to do the work that has been outlined.

MISS NEVINS: I move that a very hearty vote of thanks be tendered Dr. Winslow for his wonderfully comprehensive exposition of our work, and furthermore that the Associated Alumnae order a large number of reprints of his paper for distribution. (Carried.)

MISS MCISAAC: May I add something to what Miss Nevins has said? May I beg that every delegate here shall request every society to which she belongs to take up this paper of Professor Winslow's as part of its work for next year?

MISS ELDREDGE: May I suggest in addition that a copy of this paper be sent to the superintendents of hospitals and training schools?

MISS MAXWELL: May I suggest that it also be sent to the trustees of hospitals?

THE PRESIDENT: I think we will give the Committee on Publication directions to distribute this pretty generally, to the members of the association, superintendents of training schools and boards of managers of training schools.

The Report of the Public Health Committee should be presented by Mrs. A. R. Colvin, of St. Paul, Minnesota. Unfortunately Mrs. Colvin is not here, but I will call on Miss Anna Kerr, a member of the committee, and superintendent of the school nurses of New York City, to present this report.

MISS ANNA KERR.—Madam President, Ladies of the Alumnae: This is not in any sense a report of the Public Health Committee, of which I am simply a member and a young member. After Professor Winslow's paper, which has covered almost everything that we hoped to do, I think perhaps you would be interested in what I can tell you of the practical work that we have done along the line that was taken up last year, that of teaching sex hygiene. The teaching of hygiene on that subject has not been taken up by the public health nurses, but it has been taken up by other bodies working along the same line, and we are in a position to know the results of that. I think pamphlets have been distributed on these subjects and given out to groups of children, not only in Manhattan, where I am working, but here in Boston, and I do not think the results have been altogether satisfactory to the educators who advocated them. In most cases those pamphlets were abandoned. We feel that they do not fill exactly the want that we have. The teaching which we hope to institute in the future will be along biological lines; and I think I can quote Dr. Cabot as saying that we should not be over-zealous on that point; that it is better to hold back for a little, for it is better, if you want to teach a man honesty, not to hold up before him the horrors of state prison. Children can be taught along those same lines.

We have in New York now what we call Little Mothers' Leagues, which are formed for the purpose of instructing children on questions relating to parenthood and motherhood; and from the last meeting that I attended I was perfectly satisfied with the result of what we have done so far. Motherhood and parenthood are presented to these girls of from ten to fourteen by nurses in a manner that will elevate their whole ideas on that subject, by the discussion of papers which are left entirely to

these girls in a dignified way, and the lack of self-consciousness with which these children discussed the subject before a mixed audience of men and women was most pleasing to us and to every nurse who listened. I would be very glad to tell you about their testimony as to what those Little Mothers' meetings can do, because we take up the girls at that receptive period; and I think the teaching along that line is what I consider the most hopeful part of our work in teaching sex hygiene, as we will have to be the instructors in all lines of hygiene in the future.

The work along the infant mortality line, relating to the public health question, is to be taken up in a later paper. Professor Winslow has outlined the work that is open to nurses, and I want to put in a plea for the instruction of nurses not only in personal hygiene, if that can be included, but in the preparation of reports, because in every branch of work that we are doing now the reports are an important consideration. It is not easy to teach nurses to make accurate and precise reports, and I find that a great deal of our time in instructing nurses is given to instructing in that. I feel that we are wrestling now in the battle-field of nurses, and the step that has come to us in the past year is a step in the right direction. The nurses who are appointed to the municipal civil service actually are obliged to be registered nurses. That has never been required before. It has raised the standard very much. I think that that has been taken up all over. I do not know whether it has been done in Chicago, but in Manhattan the nurses apply for these civil service positions and it is requested that they be registered nurses, and I feel that we have made a step in the right direction in that way. I can only rely on the teaching we are to get in the future from this ideal state of things if all our workers—because our public health nurses are social workers in the best sense—will come to us by special training; and that can only be obtained from the newer system of education. In the meantime we are working with what we have. In our own city, in our own department, nurses are educating in biological work, tuberculosis work, infant mortality work, not directly under us but in sympathy with us, nurses in the children's court and sanitary inspectors. A nurse well known to us all is doing work for the committee on the prevention of blindness.

We see how much special training we need, and if it is possible in any way to combine the practical work that we get with the theoretical work, that is the only way we can work out our own salvation.

Now so far as I am concerned I feel that the question of public health is such a large one that I would ask to be instructed by your society what direction this report should take another year.

REPORT OF THE ALMSHOUSE COMMITTEE

To the President and Members of the Nurses' Associated Alumnae of the United States:

The Committee on Almshouse Nursing begs to submit the following report. Two meetings were held during the year to consider how best to reach and help the state committees. At the first meeting it was decided to send out a circular letter with a printed form to be filled out by the various state chairmen.

The questions asked covered the following points: 1. Affiliation with women's clubs. 2. Care of sick inmates: (a) medical, (b) nursing, (c) isolation. 3. Occupation. 4. Entertainment. 5. Religious services.

Thirty-four letters were sent out, seventeen replies received. Most of the states heard from have done some work, and in those where no work has been done the hope was expressed that it might be taken up another year. All show an encouraging interest. Reports from the various states follow.

California.—Committee appointed three years ago found little to do, as the almshouses are in connection with the county hospitals which all have training schools for nurses. Matter to be discussed at annual meeting.

District of Columbia.—No Almshouse Committee. The secretary promises to bring up the matter at the annual meeting of the association.

Georgia.—Has an active committee. Chairman reports that ninety-two counties responded to requests for information. No trained nurses. Physicians called when needed. No compulsory work for inmates. One county pays inmates for work done. Three counties isolate tuberculosis inmates. Only one has regular services on Sunday. The Georgia committee seems *very much alive*. Will attempt some improvement in the preparation and serving of food in almshouses.

Indiana.—Standing committee. No special work reported for this year.

Illinois.—Committee is working with women's clubs. All almshouses in state investigated. Campaign being carried on along lines reported last year. The work being done through the State Federation of Women's Clubs, which for the past three years has had two or three nurses on its Philanthropy Committee.

Iowa.—In co-operation with women's clubs, almshouse conditions have been investigated. No trained nurses. Medical care not reported. Are working for isolation of sick inmates and the removal of feeble-minded persons to proper homes. Four sub-committees working through state, to report at annual meeting. State chairman very enthusiastic.

Louisiana.—No Almshouse Committee.

Missouri.—No committee. Matter to be taken up at annual meeting in October.

Nebraska.—Committee working independently. Investigation made two years ago. Medical and nursing care fairly good. No trained nurses. Some counties have outdoor wards for tubercular cases.

New Jersey.—No co-operation with clubs. Almshouses have been investigated. No trained nurses. Doctors called when needed. Sick isolated in most counties. In one county a tuberculous patient was preparing the food for the inmates. No entertainment or religious services provided.

New York.—Gradual improvement reported along all lines of work. A letter from the State Charities Association, enclosed with the report of the Chairman of the State Committee, deplores the lack of proper nursing care, and expresses the hope that much may be accomplished by the Nurses' Association in this respect.

North Carolina.—Committee working alone. No trained nursing. Physicians employed in all counties. Tuberculous inmates isolated. Only care of own room compulsory. No entertainment provided. No regular religious services.

Pennsylvania.—No committee. Matter to be taken up at next annual meeting.

Rhode Island.—No committee.

Tennessee.—No committee. Little information available. Religious services provided.

Virginia.—Committee working with women's clubs. Thirty-seven counties provide for medical care. No trained nurses. Three counties isolate tubercular patients.

Wisconsin.—Committee appointed in October. No co-operation with women's clubs. Almshouse investigated by local nurses. Much valuable information given by members of the State Board of Control.

So far as investigated but one county (Milwaukee) has regular daily visit by physician, elsewhere physician is called when needed. Two counties (Milwaukee and Marathon) have trained nurses, Marathon employing a graduate. (It might be of interest to know that Marathon County is to have the first school for consumptives in Wisconsin.) In practically all counties, almshouses are on farms. Inmates do farm and garden work. In some the clothing of the inmates is made at the institution. The local committee feels that the work in Wisconsin has only begun, and expects to make a more complete report next year.

In collecting data for this report and in conferring with state com-

mittees and other almshouse workers, many problems have been met which seem difficult of solution and none more so than that of employment for the inmates. What shall be done with the product of their labor? They are not skilled in any line of work and are too old to become expert when taught. Only a small part of the product could possibly be used by the institutions and that of the heavier grades of work is beyond the capacity of many old people. Sales and bazaars have been suggested, but the public grows tired of them after one or two have been given for the same purpose. We cannot depend on visitors buying them, for no one visits almshouses.

This question we have not been able to answer satisfactorily, when it has been asked by state committees, and we would be extremely grateful if some member would suggest a solution.

The question of religious services is one that seems difficult in some states, but it should not be, for surely in every community some clergyman will be found willing to give help to these less fortunate ones.

The committee fully realizes that this report is meagre, and that little apparent progress has been made, but the letters that have come from the states show that the nurses are alive to their responsibilities and opportunities in this matter and that the leaven is working.

Respectfully submitted,

CAROLINE BARTLETT CRANE,

IDA M. TICE,

HELEN W. KELLY, Chairman.

**REPORT OF CONFERENCE OF AMERICAN ASSOCIATION FOR THE
STUDY AND PREVENTION OF INFANT MORTALITY**

The first annual meeting of the American Association for the Study and Prevention of Infant Mortality met in Baltimore, November 9-11, 1910. It was notable for the number of eminent people it brought together and for the great diversity of activities which they represented. It was overwhelming in the way of facts set forth and bewildering in the measures suggested for the correction of existing evils. It was inspiring in the scope of contributing interests and hopeful in the emphatic resolutions passed. A listener was almost driven to the conclusion that no aspect of life exists which does not bear directly upon infant welfare.

The sessions were so arranged that the problem was discussed in turn by philanthropists, representatives of municipal and federal governments, physicians, and educators. They showed conclusively that the study of infant mortality reaches not only to local milk stations and to the instruction of mothers, but to official standards of milk fixed by the Department of Agriculture and to the establishment of a National Board of Health; that it reaches alike to eugenics and to vital statistics; that it involves the safe-guarding of mothers

from economic and industrial pressure but also the teaching of biology and sex-hygiene in public schools. There were five dominant facts set forth:

1. Out of 300,000 deaths of infants annually in the United States, one-third are preventable.
2. Without an accurate system of "human bookkeeping" there can be no scientific basis for attack of the problem.
3. The United States ranks with China and Turkey rather than with the civilized countries of Europe in its utter lack of trustworthy vital statistics.
4. The importance of maternal nursing is paramount to all other means of prevention of infant mortality. This was supported by the following figures of the babies who die of intestinal diseases, 80 per cent. are bottle fed, and 15 per cent. breast fed.
5. The general recognition of the imperative need of the work of nurses in the practical campaign of education and prevention.

Five resolutions were passed unanimously which clearly expressed the programme of the Association for the current year. The first urgently endorsed the movement for a National Department of Health. The second urged with equal emphasis the promotion of "the model law for the registration of births and deaths." The third was addressed to the Secretary of Agriculture, begging him to establish standards of milk branded as certified, inspected or pasteurized. The fourth besought boards licensing teachers for public schools to give as detailed tests in elementary hygiene, sanitation, and biology as are given in mathematics or in language. The fifth reads "State Boards of Education together with State Boards of Health to provide in the rural schools for conferences of mothers and for home instruction in connection with these conferences of mothers and expectant mothers and infant hygiene."

The last session was characterized by the following searching topic: "Healthy parents, right customs and wholesome environments being essential factors in preventing infant mortality, how are normal institutions fitting teachers to establish through public schools better practices in hygiene and sanitation and higher ideals of parenthood?"

The entire programme was interesting and convincing. It left a well established impression in the minds of many that the ultimate solution of the problem lay in the keeping of educators.

It was encouraging to learn that considerable effective instruction of this sort is being given in schools and colleges in various parts of the country. A unique feature was presented by Dr. S. Josephine Baker, Chief of the Division of Child Hygiene of New York City (although in another session). She told of the summer school classes of "little mothers" in which there were 22,000 children last year. With the babies in their arms they came to the schools for instruction in general care and feeding of infants. Dr. Baker said, "Children are the best co-operators in the world and through them we reach the parents and accomplish reforms in the homes which would be utterly impossible in any other way."

During the discussion of preventable diseases in the second session, Miss Van Blarcom projected into the programme the subject of midwifery with such earnestness and force that a special meeting was called and a special committee appointed with power to act. It is the province of this committee to make a careful study of the varying aspects of the midwife problem through-

out the United States, and to take such immediate action as may be deemed advisable, and to present a full report at the next meeting in Chicago.

Among thirty affiliated societies, seven nursing associations answered to roll call. Two of these were the national organizations. The delegate from Providence, R. I., read a report which showed most thorough and concerted work. Aside from these, nurses had no part in the proceedings of the convention except that Miss Nutting was a member of the Board of Directors and of a special committee. When we consider what a large share nurses have in this great movement, when we see the physician, the sanitarian, the statistician, and the social worker all leaning upon her, we must deeply regret that her voice is not more often heard among the councillors. The exhibit was perhaps quite as valuable as the discussions and doubtless reached great numbers of people who would not attend the meetings. The spirit and purpose of both are best expressed in the words of Dr. Devine: "The important thing is not merely to prevent babies from dying, but to keep them well and increase their strength, to give them the best possible beginnings for their life."

Respectfully submitted,

ELLA PHILLIPS CRANDALL.

Miss Van Blarcom moved that a committee of three be appointed by the chair, to draft a resolution in regard to the care of mothers and babies by midwives. Carried. (See report of Committee on Resolutions.)

Moved that the report of the committee of the whole be taken from the table. Carried.

Dr. Hughes moved to amend Article I by adding another section as follows:

Any permanent member who has arrived at the age of sixty-two years may upon application to the Executive Committee be excused from further payment of dues, while reserving all the rights and privileges of membership.

Carried.

Motion made to amend Article IV, Section 7, by substituting "be" for "remain." Carried.

Miss Clara Noyes moved that the report of the committee of the whole be referred back to the Committee on Revision and By-laws for further consideration.

MISS MCISAAC: Madam Chairman, this membership question and eligibility question and representation question can be brought before this association next year and the year after that, and all the rest of this tremendous work be lost. It would seem to me that we might accept it and work upon that. The question of membership and revision has been before us ever since we were organized, and it is going to be before us for years. It is tremendous, and it has been gone over and over, and it is going to be gone over and over for years; and why should all the rest of this splendid work be dropped for another year and our working officers be left hampered as they are on account of it? We are not dropping it

at all. We have got it before us and we have to do it; but why lose all this other work on account of that?

MISS NOYES: Now this seems to me a critical period in the history of the nursing profession, and we struggled with that question quite a little in the Superintendents' Society, and I feel that we want all the concerted and concentrated effort that we can bring to bear upon this subject.

We must make a more careful study of this before we go further. I do not mean to say we have not made a careful study, because I think we have, and I think all the study and thought we have put upon it in the last two days has meant a tremendous amount to every one of us here. But still I do think there is a great opportunity for further studying the situation of this question. The question of the organization of the American Medical Association is before my eyes—one great body divided into sections, all working more or less toward unity and harmony, but dividing into certain sections all the various forms of work. That same thing might be applied to our association, or we can come in in an individual membership, or a membership through our county associations. We have to get down to the fundamental idea of simplicity of organization.

Of course this is my feeling. It is just a personal matter with me and may not be the sentiment of the association, but I feel that I must bring it before you.

MISS ELDREDGE: I would like to say that if we turn this back we cannot expect the same committee to do the work. We will start out next year just where we are to-day. There is this thing to be said about it. We have had this involved membership, and we are going to have it. The American Medical Association is a very beautiful thing to me. I have had the pleasure in my own state of attending meetings in the different branches and I understand what it means. We are not as many as the doctors and we may be thankful for that. Our different sections of the country cannot be organized in the next year. We have in the city of Chicago one county, and two city associations. If we reorganize we start out with our city organization turned into Cook County, because the greater number of our nurses are there. I understand New York is situated very much in the same way. Now if we must have this involved membership why not start on it? If any one builds a house he does not pull it all to pieces just as soon as it is built because he thinks he might have improved it. He lives in it awhile and then he rebuilds. What is the use of all that you have passed upon if you now reject everything the revision committee recommends?

MISS GOODRICH: I felt very strongly at the beginning of this meeting that we would have to have more time to think this thing over; but as I saw one change that would go into effect this year, the council of the state presidents, and realized that permanent membership is increasing, I saw that we should gradually get individual membership without any further effort to bring it about. I am very sure that our eligibility clause is going to push on our state registration work. I am quite convinced it would be a terrible thing to lose all this work, because the membership cannot be revised.

MISS NOYES: We are sometimes obliged to pull down our structure so we may build simply and well. Now if it is the feeling of this association that they want to adopt this constitution I will withdraw my motion.

THE PRESIDENT: May I say just one word of the splendid work that this committee has done; really when you come to consider it, the only question upon

which we are in doubt is the question of membership, and we are just where we were before. The question is still before the house as to whether you will adopt this revision or not.

DR. HUGHES: I move that the by-laws be adopted subject to correction by the committee.

THE PRESIDENT: The motion is now before the house for the adoption of the revision of the by-laws.

MISS DE WITT: May I say one word for the committee? Our ideal at the beginning of the year was for a simplifying of the membership and we put into the JOURNAL a tentative suggestion that it be reduced to a membership by counties, hoping to follow the lead of the American Medical Association. But we heard from all sides of the country that the nurses were not satisfied or ready to give up the alumnae associations, or permanent membership, that the latter was a great incentive to attending the annual meetings, and we altered it at the eleventh hour to suit the majority.

The motion was put and carried.

THE PRESIDENT: I wish to congratulate you on having carried it through.

MISS NUTTING: In recognition of her distinguished services to public health and welfare by providing opportunities for the further and higher education of nurses, I move that this association elect into honorary membership Mrs. Helen Hartley Jenkins, the founder of the first purely college work in nursing, the Department of Nursing and Health, Teachers' College, Columbia University.

Carried.

Miss Maxwell moved that Mrs. William K. Draper be made an honorary member.

THE PRESIDENT: Of course you understand that these nominations for honorary membership come officially from the Board of Directors. That is according to the wording of our by-laws, and they recommend therefore these nominations for honorary members.

Mrs. Draper, as many of you know, has been connected with one of the large training schools in New York City and has probably a closer sympathy with nursing affairs than any other woman with whom I have been privileged to work, unless it is the nurse herself. Mrs. Draper is a member of our National Red Cross Nursing Committee and usually in her deliberations and in her thoughts includes herself with us and says "we." She is in Boston for this convention, and I take great pleasure in presenting her name for honorary membership.

The motion was carried.

The Nominating Committee for 1911-12 was appointed as follows:

Two appointed by the chair.—Nancy L. Dorsey, Omaha, Neb.; Ellen Persons, Chicago.

Three appointed from the floor.—Lydia A. Giberson, Philadelphia; Gertrude Selden, New York; and Ursula Noyes, Boston.

Meeting adjourned to meet at 2 P.M.

FRIDAY AFTERNOON SESSION

The meeting was called to order at 2.15 P.M. by the president.

THE PRESIDENT: We have set apart this afternoon for the consideration of one of the most interesting problems facing us as nurses, and it seems proper that it should be presided over by one of the leaders in this particular line of work; it gives me the greatest pleasure to relinquish this meeting to Miss Ida M. Cannon, of the Social Service Department, Massachusetts General Hospital.

MISS CANNON: It surely is a matter of unusual significance that so many of the papers on the programme for to-day and to-morrow are related to the duty of the nurse in the social field. Social work, of course, is not a new thing, and the spirit of social work is as old as community life; but the special function of the nurse in this field is something that we are now determining, that we are beginning to see the responsibility of.

I am not going to take time this afternoon myself, because you have people here, four of them, who can speak to you with great authority on these various subjects. Dr. Cabot, who is to give us our first paper, as you all know, has been very closely identified with this special line of work for the hospital community; but to those of us in Boston who know him well he is identified with many, many of these social movements; and it is to his constructive imagination and his critical judgment that not only the nurses but I think the medical profession itself owes a great deal in the way of progress towards meeting the obligations of the socializing element that is coming into our work. It is with great pleasure that I present Dr. Cabot.

HOSPITAL SOCIAL SERVICE

BY RICHARD C. CABOT, M.D.

I WENT up to Worcester not very long ago to speak on social work and the lady who introduced me said, "Now be sure before you begin to talk about the subject to tell the people what it is, because," she said, "the majority of people in your audience have never before heard the word 'social' associated with the word 'work.' To them 'social' means something much nearer to play, much nearer to a rest off duty than to the spirit of work."

I am going to address myself throughout the majority of the time that I shall spend in trying to make as clear as I can what it is that we have in mind when we are talking about social work. There are very few words in the language that are vaguer than those two words, and we need, I think, to try to give a little more edge, a little more point to the distinction between the social worker and the nurse and the doctor and the other factors in our modern problems. I shall try to do this by taking up a series of cases, partly imaginary, and partly real, and trying to show just what is the actual achievement or should be the actual achievements of the different people concerned in that case.

Now we will take in the first place the matter of alcoholism. The doctor is concerned with the diagnosis primarily, and with this field, as in many other, the nurse is more concerned with the treatment. I have always thought of the medical profession and the nursing profession as belonging together and as having the substance of their relation in the distinction that I have just made: that whereas doctors have the most to do with diagnosis nurses have the most to do with treatment; and if a man is suffering from delirium tremens it is the doctor's business to see that it is delirium tremens and not meningitis or uræmic poisoning or morphine poisoning or anything else; and then it is the nurse's business to see that he does not need to be tied down in a strait-jacket and, on the other hand, that he does not get out of the hospital window and run around the hospital yard. Now what would be the business of the social worker in relation to alcoholism? It is the business of the social worker to deal as far as possible with the individual case and also with the source, the soil out of which the individual case came. It is the business of the social worker, in the first place, to deal with the individual case in so far as the prevention of the future effects of alcoholism in that particular case are concerned. The doctor and the nurse are tied to their business in the treatment of a number of cases of alcoholism, but after this case of alcoholism has got beyond the need of the work of the doctor and the nurse there is the work of the social worker, to prevent that same individual from repeating this same process over and over again indefinitely. Now that is work I think primarily for the social worker, so far as it is anybody's work at all. In many cases we cannot see that it is anybody's work at all, because we cannot see that it will be of any use, but so far as it can be of any use it will be the backing up of some element of social work. In the first place, consider the element of that individual's occupation. What is there in that man's work, if anything, that made him drink? There are certain occupations which are prone to make people drink. In the first place, such occupations as involve a great deal of monotony and a great deal of physical strain, which leaves the individual incapable of being recreated or getting his enjoyment out of less harmless occupations than drinking. Then there are the occupations, for example, like barbers. Barbers are notoriously likely to drink, and one wonders why. Why, chiefly because the barber shop is generally next to the bar, because the patrons of the barber are very apt to give him a tip, and the combination of these two reasons leads to the fact that it is very hard for barbers to get insurance as compared with many other classes in the community, because the insurance men know the habits to which the occupation is subject.

Travelling men are very apt to be drinkers, because in the process of trying to put through a deal they are very apt to use drink as one of the means, and if they use it they have to take it as well as give it.

I have been saying these things to hint at what might be the relation of occupation to alcoholism and the prevention of alcoholism. Now the social worker who was to study the problem of alcoholism in that individual would have to study the nature of that individual's work and whether anything could be done to change his work, or do his work in a different way. There are many problems which are concerned in an individual's work. A large number of diseases are due to the way in which the man and woman work. This is only one of them.

Next the social worker would inquire into the domestic problem of that individual. It is probably untrue to say that many men are driven to drink by what happens at home, but it is probably true that many of them think so and have to be shown the error of their ways. We have heard, of course, how often it is supposed to be true that men are driven to drink because of the nature of the cooking which they get at home. Personally I think that is an exaggerated case, but still it probably may be a cause.

Then there are the relations of the individual to his wife and to his family, to his employer, perhaps, the other personal relations, friendly relations or unfriendly relations, into which the social worker must enter if the case is to be handled, if the social work is brought about. In almost every case where alcoholism is analyzed it is to be found that the fundamental thing behind it is discouragement, and that discouragement may be due to either of the causes I have already mentioned: something discouraging in his work, something discouraging in his home, or to many other causes, among which I should name the lack of friends, lack of anybody to whom that individual could really go as a friend in need. Corresponding to that the majority of people who have ever been helped out of alcoholism have been helped out of it by making a friend, by getting hold of somebody who really cared about them and cared enough to stand by and to help them when help was needed.

But besides the class of alcoholism that can be explained as due to discouragement there are two other types which the social worker would have to distinguish in so far as she was to help any, and I will name those as the periodic drinking type and the reckless type. Both of those are much less common, I think, than the discouraged type. For the periodic drinker, if one has found the real article, if one's diagnosis is correct, there is almost nothing to be done for him in the majority of cases. Unless a person has a great deal of time to spare he will best put his

time upon other classes of cases. But the diagnosis which the social worker would be concerned with would be the question of whether that is the real periodic drinking, which comes not by reason of discouragement nor by reason of recklessness but by reason of the internal tension of the same sort of type that gives rise to the epileptic fit and you have the drinking like a fit of convulsions.

And then the reckless type, which is generally in young men and which is generally most of all amenable to treatment, because as a rule it is there that a clear understanding of the consequences is the thing that we need.

Now that is the sort of thing that the social worker would follow up in relation to an individual, in the problem of alcoholism; and after that you must also follow out similar paths of investigation in relation to general problems. What occupations can be changed, if they can be changed, in order that alcoholism may be less frequent? What is there in the domestic relations which would tend to help, if there is anything. What is there in the community which prevents people from making friends? What is there in the community which leads to recklessness? All these studies then in the prevention of the whole disease as well as in the prevention of individual relapses would be the labors of the social worker as distinguished from those of the doctor or nurse dealing with the individual case.

Now I will outline to you quite a different field, exemplifying at this time an actual case which a few of you perhaps have heard me speak of before, a case of Reynaud's disease, which some of you may have nursed—a disease whereby the ends of the fingers, usually, and sometimes the toes or ears—the ends of the fingers especially, become cold, painful, discolored, atrophic, especially when the weather is cold. This disease is very much a matter of weather. It does not occur to any extent in warm climates and dies out in the warm summers. Now we had a case of Reynaud's disease once in the Massachusetts General Hospital, a favorite case, a most interesting case, because it had been shown to many generations of local students. She was always welcomed at the hospital, as you know such cases are; but she was viewed always as a case and she was viewed particularly in relation to the diagnosis and to the great advantage that she was to the medical school in that she could be shown and used as what we call clinical material. When the social service department of the Massachusetts General Hospital started in October, 1905, that girl was one of the first cases referred to us. She was a sewing girl but she could not earn her living in the winter. It was only for a few months in the year that her hands were sufficiently

serviceable for her to be able to earn a proper wage. But the social service department asked the doctor in charge just exactly what was wanted and the doctor said, "Well, if it could be done, which I suppose it cannot, she ought to be moved to a warm climate." And the social service department undertook that job. The first thing to find out was whether that individual was really a good seamstress. We inquired at her former place as to whether she was really a competent seamstress. We did not want to try to place her in another home if she was incompetent. But we found that she was competent, that the people with whom she had been living gave her an excellent character and that she was a first-rate seamstress but was not able to keep her place because she could work but a few weeks in the year. One of the workers in that social service committee, Miss Barton, had friends in Florida, and she wrote to her friends in Florida and found that the domestic problem was just as acute in Florida as it was in Boston, that the need for competent help was just as great there as it is here and if we could send this girl there there would be a place waiting for her as seamstress. Then there was the question of getting the money to send her.

Now there is quite a remarkable volume which I think very few of you probably have ever opened, probably most of you have never seen—a volume known as the Boston Directory of Charities. That is quite a thick volume and the last time I heard a count made it contained 1128 different charities, 1128 different agencies which were appointed and endowed, some of them, to meet one or another charitable need; and one of the things social workers have to do is to be to a certain extent familiar with all the contents of that volume. Our social worker at that time knew that there was in that volume a charitable agency known, if I remember right, as the American Invalid Aid Society, the object of which was to move patients to a better climate in case any one could guarantee that they would not go on to death, as so many declining patients do when moved to a better climate, but would really get a guarantee that they would not go on to death, as so many declining and visited and agreed to give half of the fare of this girl to Florida. Then one of our workers went around the hospital dispensary clinics with a hat and collected the rest of the money from the doctors therein, as I think the social worker usually can do when she can present some concrete and practical need of this kind.

Money then was raised, a place was ready; the only question was in the transportation of this girl. She was a month less than twenty at that time. We did not like the idea of sending her south alone. So we began inquiring among our friends to see if there was any one going

to make that trip south, and it was necessary to wait some time before some one was found, but I think in the course of several weeks there was a lady going south who when she was told of this case was willing to take our friend along. Then we had all the factors in our problem,—we knew she was a good seamstress, we knew that she was going to a place waiting for her; we had the money to take her there and had a person to chaperon her; and then we sent her. She went to Florida. It was in winter when she went there and her hands healed at once. I should like to say that she was married and lived forever after happily there. There are a good many more chapters to her story, but I think I have told all I need to tell in relation to what was needed to be done for her from the social side and what was done. If she had stayed where he put her, which she did not, she would have been well, as I have known a number of cases to be. She was well as long as she stayed there.

Now in that chapter of social work I am exemplifying something different from what I exemplified in the first subject of alcoholism, and in which the same principle holds, and in which one goes behind the immediate medical diagnosis or medical treatment and tries to change the environment and tries to inquire into the social background from which the patient comes and to change that.

All of you who have done nursing in relation to any large hospital know how frequently you were met at some aspect or other with the problem of sex. In our own work we have been confronted especially often, about one hundred times a year, on an average, in the out-patient department of the Massachusetts General Hospital with the problem of the unmarried woman facing maternity. Now those of you who have worked in hospitals know that ordinarily we content ourselves with the purely medical and nursing service to these people. These girls come to the hospital, the majority of them to find out what is their condition. They ask a medical question and get a medical answer and then as a rule they get discharged and leave and ask nothing more and get nothing more. And that has always seemed to me a disgrace upon our hospitals. There are very few hospitals in this country, I think less than one per cent., who have any social workers to take this problem up where the doctors must leave it and carry it on as it should be carried on.

The social worker in a case of this kind can work, of course, no miracles; she cannot fundamentally change character. All she does is what a friend could do, and that is very much. These girls, most of them, as you know if you go in and talk with them, are not fundamentally polluted. They are not fundamentally different from you and

me, although we are very apt to think so and treat them accordingly. They are not anywhere near the prostitute class, but they will be there unless something is done to prevent it. They will go on and have an abortion performed and then in all probability get sooner or later into the prostitute class unless they meet the right sort of woman—the woman who is neither too hard nor too soft; who will neither tell them they are eternally damned for what they have done, or tell them it is simply a little mistake which can easily be arranged for by a few months away from town—a sort of woman who will bring before them ideals of maternity and what it may mean to bear a child and care for the child and work for the child, with or without a husband, and will help them through their confinement and will help them to find work afterwards so that they can support the child, very likely marry later, possibly not, but in any case live a self-respecting life. This is what has been done, what can be done at any time when the right sort of woman will devote herself to this work.

Obviously we doctors and nurses who have to stick to our jobs cannot do this work. It is work for the social workers, going into the character background, the background of industry, the background of the home ties, as in the case of alcoholism and the most of the other problems we are concerned with.

Now those three cases that I have presented to you are enough, I think, to suggest the many others that I might present to you to describe the nature of social work. I do not feel, as I said a moment ago, that we physicians or we nurses can ourselves do this work. Our work is the diagnosis and treatment of disease and not of the social organism, the social background out of which it comes. And when I say that, I also want to say that I feel that doctors and nurses are still very deficient in that general sense of human bearing of disease which would make them more able to co-operate with social workers than they now do. It is a reproach often thrown against us physicians and against us nurses that our constant familiarity with disease hardens us, makes us callous to the human side of things, and I hear this either charged as a reproach against us or else indignantly denied. And both of those positions seem to me wrong. We cannot deny it. It is true. And neither can we be blamed for it. It is not our fault. If you set a man to stare at the sun his eyes will pretty soon begin to be incapable of sight; and if you set a man in a workshop where he is hearing enough noise through enough hours a day his hearing will certainly eventually be blunted. If you set a man or a woman, I don't care whether they are doctors or nurses or any one else, exposed to a fire of suffering and of annoyance

and of hard work such as you and I are exposed to day in and day out, it is absolutely inevitable that we should be blunted to some extent, some of us more than others, all of us more or less.

You have heard probably many times—I have heard more times than I can count—nurses blamed because after coming out of a hospital and going into private practice they get hold of some case where there is a good deal of sitting around to be done and very little nursing and then they naturally are encouraged to talk, and when they are encouraged to talk they naturally tell about some exciting operations they have seen in hospitals, and then the family or the doctor or somebody else is very much excited and indignant against the nurse and say, "Why wasn't she taught that she must not talk about such things?" Now I say that is entirely unjust to the nurse. If you take a pitcher and pour in water until it is full and then turn that pitcher bottom up water is coming out, and not milk or anything else. Take a doctor's mind or a nurse's mind or any one else's, and pour it full of hospital experience and then take it and spill it over it is going to spill over this experience and it cannot possibly be otherwise; and it never will be otherwise until our nurses' training schools and our nurses' organizations give nurses something else. I know the great difficulty in giving nurses anything else, and I know also that those difficulties have been met and have been to a considerable extent solved in other fields. Take, for example, what is really parallel, though not quite obviously parallel, but that is the Philippine service, civil or military or any other tropical service. We recognize that the civilians or soldiers whom we send into tropical service are exposed to a perfectly abnormal, to a very trying strain, the strain of climate—a strain which works upon their souls as well as their bodies, upon their efficiency, moral, physical and mental. Everybody knows it who knows anything about the tropics. And everybody knows just the same thing when we put nurses in the hospital and keep them there eighteen months or two or three years, that we are exposing them to an abnormal physical climate—a kind of climate that is sure to do them some physical harm. It may be that they will recover from it; but as a matter of fact it takes the young medical men, with whom I am more acquainted, about two years to get over the harmful side. I do not know how long it takes nurses, but when we go through the Philippine experience we recognize it as a fact, and although it is expensive and costly, we recognize that those men must have long furloughs, long times of absence from this terrible strain; and even when they are there we do all we can to give them protection and recreation and to go into things to take their minds away from the immediate strain of their daily work.

Now so it must be in our hospitals if we are to get away from what is happening all the time—the callousing and coarsening of the moral and spiritual fibre; and we doctors and nurses who work on these psychological matters know that it should be otherwise. It is no blame to us; it is the blame of those who arranged the conditions so that we have to work so.

But as long as that is true it is perfectly true that we have got to be on our guard for certain aspects of that callousness; and in the few moments that remain I will describe two types of callousness which all of us who have anything to do with training schools ought to be on our guard for with those with whom we are in contact. The first of those I will call the illusion of routine. Suppose a person is stationed in a certain corner of the hospital to give directions or to carry out any other simple service and suppose that a certain number of people file by that corner month after month and year after year and ask certain questions. Among those people there are some who will ask very stupid questions; and the first time that such a stupid question is asked that individual will probably answer it pleasantly, realizing that people cannot always be intelligent. But the hundredth time that that same question is asked the person who answers it is perfectly sure to suffer from the illusion of routine to this effect: that the same person has asked the same question a hundred times and this is the hundredth time, and therefore to give to that question an answer, according to the state of mind produced upon the individual, that would be produced upon anybody by having the same question asked a hundred times over.

In one form or another that illusion of routine confronts us in hospital work every day. I remember a particular instance of it that may have struck some of you. When a doctor starts to make a physical examination of a patient in bed he naturally wants the patient perfectly flat and square in order that there may be no distortion of parts, everything equal and symmetrical. He says to the patient, who is very likely lying on his side, "Now please turn over flat on your back." If you know anything, you know what happens. You know that the patient will turn over on his stomach, and the first time that happens to you, you perhaps would laugh and be amused; but when it has happened to you probably a hundred times it is a very hard thing not to be annoyed, it is very hard not to get the impression in your mind that this is not a new person, the individual who does this, but it is the same old person who had plagued you a hundred times before. Think that over and apply it to some other cases that I have not the time to state and see whether it is not true that the illusion of routine confronts us all the time.

The other type of callousness I will call the blindness of specialism. If you have ever watched one who uses a microscope you know that you can distinguish at once the greenhorn from the expert. The greenhorn always covers up one eye or wrinkles up the muscles of the face so as to shut one eye. The expert always keeps both eyes wide open, the one that is looking in the microscope and the one that is not. But the one that is looking in the microscope is concentrated upon that very bright, very narrow and very interesting field, and the other eye, which is wide open, perfectly blind, sees nothing, absolutely nothing, although it is wide open and the images in the pupil from the paper can fall upon the retina. Now that seems to me symbolic of our hospital work. We have so specialized that we are blind; we have so concentrated upon certain things that must be concentrated on, because it is our duty so to do, that we are blind to a great deal outside, and all that we can do is to hope and pray that we shall not be any more blind than is necessary. Some blindness we are subject to and condemned to by the nature of our work.

I once came into the Massachusetts General Hospital in the main entrance where a flight of stairs ran up on the right hand about fifty feet in toward Ward 31, and as I came in and went around towards the stairs of Ward 31 I saw clinging against the banisters a man's figure in a red dressing gown and carpet slippers, which meant that he was a patient from the wards. I could see by the way he breathed that he was in all probability a cardiac case, and a man who had got down-stairs and could not get up again. But as I moved towards him and before I could get to him two nurses came by me, arm in arm, chatting, and went as quick as light past him up the stairs to the ward and never saw him at all. And I did not blame them an atom. I think the kind of exposure, the kind of strain that we go under in hospitals makes it perfectly sure that that blindness of specialism will take place. All that we can say now is that we should do all that we can do to resist it; that we do all that we can to look at whatever goes on in the hospital as we looked at it the first time we were ever in a hospital,—keep our innocence. We need it; we need that purity that we first had when we first came into the hospital. We never saw it so truly as then; we never will see as truly again, but we want to see it as near as we can as we did that first day, before we had been coarsened and calloused by what has gone on there afterwards.

Now it is in these directions, it seems to me, that we ought to broaden ourselves and deepen ourselves in order that we can help ourselves to be less inhuman and help the social worker, prevent the social worker from having to take up other and perfectly simple human duties

which ought to be our right and privilege, so that the social worker can confine herself to the things such as I have been describing in what has gone before. I do not feel that we Americans, we men or women, have any right to try to be jacks of all trades. If we select a profession we must stick to it. If we select nursing we must stick to it; if we select social work we must stick to it. These three professions are difficult and honorable and great, it seems to me, each of them. What we need is to be able to recognize enough of each other to co-operate with each other. The nurse does not want to be a doctor, the doctor does not want to be a nurse; but each one should know enough of the other to be able to make a good team together. The nurse wants to know enough to make a good team with the social worker and give the social worker a chance to take her own field.

MISS CANNON: Doctor Cabot has surely given us a challenge and I think it is very fortunate that we can look to Miss Crandall to tell us something about how we are going to meet this in the field of work that Dr. Cabot has told you about. Miss Crandall at first suggested that she withdraw her paper, because she felt that Professor Winslow this morning in his excellent paper on the function and the rôle of the visiting nurse in the public health had covered all that she had to say. I am very glad that she has reconsidered this and Miss Delano tells me that she will give us something of it and I hope will not cut it at all. Miss Crandall is fast becoming known as a social worker, not only to the nurses but to the social workers as well throughout the country.

MISS CRANDALL: I am sorry to embarrass the chairman by saying that she has been misinformed. I have not in the least changed my mind about withdrawing the paper. Let me say that as I first began the writing of the paper I saw in a moment, almost, that it was quite impossible to consider the subject of training the nurse for hospital social service, because it is so entirely a part of the training of the nurse for all of the fields of social service which Dr. Winslow discussed this morning in such an extraordinarily comprehensive way. It did not occur to me, even though those of us who know Dr. Winslow better than the majority expected the subject to be handled in the masterly way that it was, that he would discuss the educational side. It would be a clear matter of duplication if I were to read the paper which I have prepared, and moreover, as compared with Dr. Winslow's, that of an elementary school composition; and I am sure that you would recognize that it would be a difficult and embarrassing thing to do, and wholly unfair to a body of women who have come such a distance to get all that they possibly can, not alone for themselves but for the associations which they represent, to allow any such waste of time as that duplication would indicate.

MISS CANNON: I shall have to confess a rather selfish element in my urging Miss Crandall, for I did not hear Professor Winslow's paper, and I know quite a number of others did not; but we shall probably have the pleasure of reading both later in the JOURNAL, and I have probably misunderstood Miss Delano.

I presume that it is true that when nursing first developed in hospitals the first function of the nurse was for the sake of the patient. We all know

that the medical profession has realized as the work has developed that the nurse has done a great deal to help the doctor in the practice of his profession. In the work that we are to hear about next I am sure that Miss Dickinson will help to make it plain that while employers have very often established factory welfare work for the sake of the employees, it very often has been of importance and benefit to the employers also. Miss Dickinson has charge of such work. I asked her what her title was and she said, "Some of them call me nurse, some social worker, and some welfare worker, but it is just Miss Dickinson, of the Dennison Manufacturing Company of South Framingham."

FACTORY WELFARE WORK

BY MAY B. DICKINSON, R.N.

I HESITATE to speak to you for I am, as it were, just on the threshold of this new work; I can tell you only of its organization and general plan, rather than of its achievements.

Three years ago, a young girl in the factory was found to be ill with tuberculosis, and so far had the disease advanced that there was no hope for her recovery. When this fact was brought to the attention of the company they decided to employ a nurse in the factory; a nurse who, in her life among the employees, would detect this disease in its earliest stage. From this simple beginning has grown a work extending in so many directions that we cannot foresee even yet what shall be its scope.

My first work in the factory was to get acquainted with the superintendents and employees and to prove to them that I was their friend and helper. A small room was fitted up to be used as my office and treatment room; each day the number of calls increased, and the work grew. At the present time I have an assistant and four rooms. Every hour of the day comes the necessity for help to one or another—sometimes to ten at a time; they leave their work and come to the pleasant reception-room, where we record their names and the departments in which they work. Then if they are ill, I take them to the rest-room, which is made inviting with couches, and restful with green coloring of walls and shades. If injured, we go to a large room with furnishings in white; this is well equipped with all necessary appliances: stretchers, wheeled-chair, and a rattan couch, in case of a serious accident. A more private case may be taken into my private office.

It is through this work in the treatment-room, the relieving of some physical need, that the friendship of the employees is won, and this work is the entering wedge into the hearts and homes of the families.

To do our best work in the factory, we must look back of the present

need to the cause. If there is an accident, after caring for the injured one, we must make it a point to go to his place of work and see if the machinery is well safeguarded. If a boy or a girl is ill, we inquire into home conditions, and if possible, visit the home. It is this work with the boys and girls that is most vital; one girl, with tears in her eyes, said: "I never had a mother to tell me of these things." Gradually the friendship and the confidence of these boys and girls are won, and every effort possible is made to help them to develop into a pure and strong manhood and womanhood.

All of the minors are under observation. If they are found to require special care, their homes are visited; here we may gain a valuable asset,—the co-operation of the mothers in securing for their children a wholesome home-life.

With a large number of boys and girls the cause of the headaches and listlessness is traceable to defective eyesight; these same boys and girls, provided with glasses, are efficient help. Nature's imperative call for dental hygiene is explained to them, and frequently they will come in to say with pride, "Now I am going to a dentist." The necessity for pure air, sunshine, cleanliness, and plain, nourishing food is impressed upon them. Many girls who were nervous and anaemic are now well, and seldom absent from their work.

The work in the different departments of the factory is an extension of, and a part of, the work in the treatment-room. There are 2000 employees, about 900 women and 1100 men; I endeavor to know all individually and I see them from time to time while at their work, in order that tuberculosis, if present, may be detected in its incipient stage, and the employees sent away for treatment. When an employee returns from Rutland, he is under direction, in order that he may be established in health and hold on to the good obtained at the sanatorium. It is manifestly of the greatest importance that after the return of these patients they shall be under observation and not allowed to go back and resume faulty habits of living. Their homes are visited and the families are supplied with a list of inexpensive and nourishing foods. There are a number of boys and girls who showed signs of infection, and who, by following a few simple rules in hygiene, are now normal.

Many calls come from the homes where there is sickness or distress. We must limit this outside work to visiting the homes of our employees that have a family history of tuberculosis, and the homes of our minors.

Aside from this organized outside visiting, we respond to all calls of urgent need and visit the homes. In a small town one must go outside of what is strictly professional. To give temporary relief does not solve

the problem; we must look back of the present need to the cause—we must have a broad and deep purpose and show a genuine desire to help. I can tell you best of this work by reporting a few cases.

A widow, the mother of five children—the eldest of whom is a girl of sixteen, writes the following letter to me: "Please come to see me, the children do not mind, they throw dishes and things around the house. I am in debt, and I have no money to pay my taxes. I feel I shall go insane." A visit to this home revealed the pitiful case of a young mother who was, herself, morally and mentally irresponsible. She wished her children to be good, but was unable to give them any help. The eldest child had become a wayward girl. The mother sent her to the Industrial School in Lancaster, and here, under good influences, this girl—who is impressionable, is developing into a capable and good girl. The eldest boy was given work as errand boy in the factory. The selectmen of the town, being appealed to, abated the taxes on the little home. This family was brought to the attention of the church and the Local Relief Association. The pastor and some ladies became interested in them—thus the children are cleaner and the food more wholesome, and the home conditions are slightly improved.

Frequently this work in the homes involves the direction of patients on their return from a hospital.

One employee asked me to go to see his little daughter, who had been ill for a long time, and who was so homesick while at the hospital that he brought her home. I found this child lying in a room opening out of the kitchen, without sunshine or fresh air. The mother, eager to learn how to give better care to the little one, asked many questions. She was taught how to care for her and at each visit the necessity for fresh air, sunshine and nourishing food is reiterated. The child immediately began to gain and is now making a splendid recovery.

Appeals come from those who are in trouble and have no one to turn to. One frail old lady came to my home one evening and told the story of her life, and that in her old age she was without money or home. She will be admitted to an old ladies' home.

One evening a father came to me and entreated me to influence his daughter to stay at home evenings. The friendship of this girl was won, she was provided with books to read, and a continued interest is shown her.

I have spoken to you somewhat in detail of a few of the problems that present themselves to the nurse and social worker in a factory. Equal in value and interest are the other forms of welfare work.

The question is frequently asked me, "What is welfare work in a factory?"

It is an important part in factory economics, and the first essentials for its success are just pay, reasonable hours and steady work. After these, it must consider all the conditions which affect the physical, mental, and moral state of the employee favorable to an increase in his power to turn out product.

The accident hazard can never be entirely removed because of the human element, but much can be done by careful guarding of machinery, enforcing the use of guards, and by studying the causes of each accident in order to lessen its chances of recurrence.

The company is strongly in favor of a workmen's compensation law, which shall give prompt relief to those injured in the course of their employment, and which shall bear heavily enough upon the industry to induce a thorough study of accident prevention.

Of sanitary measures, the provision for plenty of daylight and fresh air are the most important, and frequently represent the cheapest possible method of increasing the output of a factory.

Moreover, good drinking-water, and fountains or individual cups, have their place by preventing loss of output through sickness. Individual bowls are now displacing the unsanitary troughs. Provision is made for either powdered or liquid soap, and the roller-towel used in common is being replaced by individual paper towels made of heavy crepe paper. Metal clothes-lockers are being gradually installed. The adjustment of chairs and benches is also under consideration. Employees who are seated constantly should be provided with chairs which are adjusted to their height, and which bear proper relationship to the height of the benches. It has been proved that the efficiency of the workers may thus be much increased.

At a cost almost too small to be measurable, the company is an agent for the Massachusetts Savings Bank Insurance, the South Framingham Co-operative Bank, and it gives a further opportunity for thrift among its employees by a savings and loan fund distributed semi-annually.

The Men's and Women's Relief Associations, providing sick and death benefits, are encouraged by allowing supervisors to meet and collect dues during work hours.

As an incitement to inspire creative work, we have a system of suggestions. The effect of this system upon the employee is an increased interest in his work. The employees are encouraged to send in to their superintendents any suggestion relative to improvements in the working conditions of the factory. These suggestions are carefully considered, and the employees who send in any that are of practical value are

rewarded in proportion to the value of the suggestions. A certificate of appreciation, or money varying in amount from \$5 to \$50, is given them.

A spare piece of land is devoted to tennis courts, and the firm has also provided a large baseball field in the neighborhood.

A boarding-house with accommodations for thirty-five persons was a part of the property originally purchased, and has since been fitted up to care for the new girls who come from out of town. It is run practically at cost, and is to be in charge of a woman who will plan for the social, as well as the material welfare, of the girls.

The grounds around the factory are kept attractive with lawns and flowers, and the expense is charged to advertising, since it is located on the main line of the Boston and Albany Railroad—but beautiful surroundings have their effect upon the spirits of the workers.

In considering the commercial value of this welfare work it must be remembered that one of the most valuable contributions of psychology to the industrial world is the knowledge of the influence of the mind on the activities of the body. The work produced by one whose mind is filled with some of the joy of living is better in quality and greater in quantity than that produced by one crushed by burden and hopelessness.

Business men will ask, "Does this work pay?" Yes, it pays, in dollars and cents, for it has proved a valuable industrial asset. Nevertheless, if the workers, either directly or indirectly, have this commercial gain as their chief motive, they will not—cannot—attain the desired result; the basic force of the work *must not* be commercial.

MISS CANNON: Miss Dickinson has surely shown us how a nurse and a social worker can be combined in one person. At one time I had charge of a camp for tubercular children, and while I was not a teacher, I felt the value of the educational side and felt very strongly that the children should understand why we took all the precautions we did, why we did what we did during the day; for we had a regular routine of play and rest and food, and then the care of the sputum, the care of the dishes, the bonfire at night to burn up the napkins and all that; I wanted to teach them why it was that we did all these things. One day one of the leading physicians came to see the camp and said, "What do you do here all day?" "Well," I said, "I will have Eddie tell you what we do." So I called Eddie, a ruddy, bright little fellow, and I said, "What do we do all day?" And he told about the precautionary measures we took; and I said, "Now, Eddie, tell the doctor why we burn the sputum. Why do we wash the dishes and why do we have the bonfire?" And he looked up and said, "Because Miss Cannon says we have got to." I hope Miss Helbert will tell us how a knowledge of those things can be had more effectively.

TUBERCULOSIS—HOW TO TEACH ITS PREVENTION TO SCHOOL CHILDREN

BY SARAH B. HELBERT

THE fight against tuberculosis cannot be won in a year or a decade, but some progress might be made in a generation.

It is a work of education and because the deepest and most lasting impressions are acquired in youth it was felt that one of the most important factors in the campaign against tuberculosis is the education of children in its prevention. Accordingly the Cincinnati Anti-Tuberculosis League began to give lectures to school children in February, 1910. Since that time, as school instructress or lecturer, I have spoken to all the children in the public and parochial schools once, and am now on my second round. I have spoken to about 80,000 children, giving from three to six lectures a day, occupying from thirty to forty minutes each. During the first visit the talks were illustrated with stereopticon pictures, but they have not been used in the second series of lectures. The lectures have been given to all grades from primary to high school.

Special lectures have been given to teachers in parochial schools. Growing out of these lectures many engagements to speak to mothers' clubs and sodalities have been filled. I have also talked to employees of factories at the noon hour, also to numerous, miscellaneous groups in clubs, churches and societies.

At the beginning it was not so easy to arrange these lectures in the schools, but the time soon came when all difficulty vanished, and no trouble whatever has been experienced during the second year.

The Anti-Tuberculosis League secured the consent of the Board of Education to have these lectures given. The result of the effort to get into the parochial schools was very gratifying. After the first few lectures, the priests rendered assistance in making other engagements.

These lectures to school children are upon hygiene, but with special reference to the prevention of tuberculosis, and I try to use the terms the children are familiar with, such as spit for sputum, or saliva, etc. The ideas are expressed as far as possible in language that will be easily understood by the younger children.

It is explained to them that all plant life grows from little seeds. Many diseases are caused by the lodgment and growth of tiny seeds in the body, and that the seeds that grow and cause disease in the body are called germs. They are so small that they cannot be seen with the

eye. When they become dry they become so light they readily float in the air, and may be breathed into the lungs or they may be taken into the body by food upon which they have fallen. It is explained to them that the germ that causes tuberculosis was discovered in 1882 by the famous German physician, Dr. Robert Koch. I then explain that so many people die of this disease each year, that the people have begun a crusade to stamp it out.

It is well understood that to hold the attention, and to impress the memory of the children, it is desirable to appeal to the eye as well as the mind. By doing this I have been able to hold the attention of the children in a satisfactory way. Of course the language and illustration are adapted to the age and intelligence of the audience. I find it desirable to modify these more or less as I go from the lower to higher grades.

When I tell them that we lose 200,000 lives a year in the United States and that in 1910 we lost 1025 lives in Cincinnati alone from this disease, I write these numbers on the blackboard. I tell them that tuberculosis societies adopted the double-armed cross in 1902 as their emblem because it is the emblem of a crusade, and that whenever you see any one wearing the double-armed red cross, it means that he is engaged in the fight against tuberculosis. I tell them that the little consumptive germ under a microscope looks like a tiny colorless worm and that it gets its name, tubercle bacillus, on account of its shape, being long and round and tube like. These germs grow very fast in weak lungs, but they cannot live in strong lungs. I illustrate then with a strip of paper or crayon, or a line on the black-board, and show how the germ, when it grows its full length, breaks in two, making two germs, and in fifteen to twenty minutes they are full grown, and every hour they break in two again, and that they will live from one to two and a half years in a dark, damp place, but that if the sun shines on the little tubercle germ for three minutes it will kill it.

After having explained to them how the germs are thrown off by those who have the disease, and how afterward they become dry and float in the air, I endeavor to tell them how to avoid taking them into the body. I usually ask them whether they have screens on their windows at home and what they are for, and they say, "To keep out the flies." Then I explain to them that in the air passages of the nose there are little stiff hairs which act as screens to keep out disease germs, and therefore it is important for them to always try to breathe through the nose and not the mouth, especially when they are in dusty places.

These germs that float in the air settle on everything, and while they

are so small we cannot see them, they are there just the same, so they should not put their fingers, pencils, marbles, penholders, pins, rulers, corners of books or money in their mouths. I tell them to think of all the dirty and diseased hands through which money passes, and yet you cannot go to a candy store without *seeing* some child putting a penny, nickel or dime in its mouth, and even grown people on the street cars hold money in their mouths. Then their little eyes open and the little faces show their disgust and I say to them, "I am sure you will never put your pencils in your mouths, nor eat without first washing your hands."

That this point was well remembered was made evident by a conversation of some children, heard by a physician who was at that time president of the Anti-Tuberculosis League. I told this story during my first year to a class of first-grade pupils. While lecturing this year to the same school in the second grade I failed to repeat the story and at the close of the talk little Peter, who had heard the lecture the previous year in the first grade, vigorously waved his hand and when asked what he wanted, said, "Won't you please tell the story about the snow?"

The story was as follows: The doctor was waiting for a car. A boy started to eat some of the dirty snow from the gutter. The little girl who was with him said, "Here, Tommy, you must not put that dirty snow in your mouth, maybe it's got some of those consumption germs in it."

On several occasions, by request, I have spoken to the children in the kindergarten grade, and in one of these schools I went to speak to the Mothers' Club about two weeks later. A woman came up to me and said, "Say, are you the nurse that talked to my children in kindergarten and school?" and I said "Yes." "Well, I don't like it. Since you talked to my children they are too particular for any use. There is no good putting such notions in their heads. They won't use dirty dishes any more and if a spoon drops on the floor they have to have a clean one, as they are afraid of germs, and I haven't time to wash dishes for every meal." After I lectured to this club I learned that this woman became the leader in cleaning up the whole block, back yards and all.

I try to impress upon them to never spit on the side-walks or in any public building, as the germs are carried on shoes, and long dresses, where they become dry, and float, and are breathed into the lungs. I tell them that probably in spite of all they can do some of the germs will be breathed into the lungs or taken into the body with food. But there will be less danger of their growing and doing harm, if their

bodies are in a healthy condition. This opens up the subject for general hygiene under which I talk to them about the care of the mouth, teeth, skin, bathing, ventilation, breathing, etc.

I impress upon them that their body is their house in which the soul lives, and that it is very important that they keep it clean and in good condition.

I always endeavor to compliment and help the teacher when I am discussing general hygiene, by telling the children they should follow the instructions the teacher gives them on these points. This makes it easier for the teacher afterwards to reinforce and emphasize what I have said.

There have been many evidences of the good results of these talks on hygiene. The mothers reported to the teachers in one of the schools that there was no living with the children since that nurse talked to them; that the children would not go to bed or to sleep unless they had one window open at the bottom so fresh air could come in, and a window open at the top so that bad air could go out, and they had to keep them open until the children were asleep. In another instance, a boy in high school, who was very active and who liked to play ball and perspired freely, was the despair of his mother and teacher because of his refusal to take baths, and his slovenly habits. In spite of his mother's protest he would sleep in his underclothes. After hearing the lecture he has become quite particular and takes frequent baths, and to his mother's chagrin he insists upon hanging his trousers and underclothes out of the window every night, so that they will become thoroughly aired.

The instructions in the public and parochial schools not only benefit the children directly, but through them reach the homes.

In my school work I dress in the nurse's full uniform, with the red tuberculosis emblem on my sleeve. Except in the upper grades and high school, I demonstrate everything as far as possible. For example, I drink out of a cup to show them how to do so with the least danger of contamination and I tell them to avoid promiscuous kissing and teach them to say, "Kiss me here, or here" (pointing to the forehead and cheeks), "but never here" (to the mouth). I am careful not to frighten the children, but try to impress upon them the importance of right living as a means of avoiding the disease. I also tell them it is no longer necessary for every one who gets the disease to die, for if taken in time it can be cured, but they stand much better chance of getting well if they have kept the body strong by following the rules of health.

I then explain to them how and where treatment may be secured and

impress upon them the importance of any one being examined, if they be infected. I also endeavor to relieve their mind of the fear of associating with consumptives by explaining to them that there is little danger if the consumptive is what we call a "clean consumptive." I then outline the precautions that should be taken by one who is sick to prevent others from taking the disease.

To increase the interest of the children I ask them to write a short composition on Hygiene to Prevent Tuberculosis, as plain and as short as they can. This they do; I have a number of these compositions with me.

In a commercial course I offered prizes, \$2.50 for first; \$1.50 for the second and \$1.00 for the third, for the best reports of my lecture taken in short-hand and given to me in type-written form. This created much interest. When I visit schools the second time I review by asking questions. Here are some answers from children in the House of Refuge.

Question: The cause?

Answer: Germ, which is spread chiefly by the spit of consumptives and those having tuberculosis. Many do not know they have consumption.

Question: How are germs scattered from spit?

Answer: By shoes, skirts, dusty air (especially in houses), soiled handkerchiefs, drinking cups, careless coughing with open mouth, and flies.

Question: How are germs acquired by the body?

Answer: By breathing them into the lungs, taking them into the stomach with food, biting nails, putting the fingers, money, pencils and other objects in the mouth.

Question: How is the body made weak so that the germs will have chance to develop?

Answer: By living in impure air, overheated houses, lack of sunlight, unwholesome food, lack of exercise, late hours, neglect of cold, tonsils and adenoids, careless personal habits, mouth breathing, stoop shoulders, swallowing mucus, uncleanliness, especially neglect of teeth.

PREVENTION

Question: How to destroy the germs?

Answer: Spit in the gutter if on the street; here the sun and air may kill the germ.

The best thing to use is paper, and burn it. Consumptives should use spit cups that can be burned.

Question: How to build up the body?

Answer: Fresh air night and day, sunlight, good, plain food, eaten slowly, good, pure water, rest—early bed hours and cleanliness and cheerfulness.

Question: Who discovered the tuberculosis germ?

Answer: Dr. Robert Koch, 1882.

Question: How many persons die annually in the United States from tuberculosis?

Answer: Over 200,000.

Question: How may tuberculosis be prevented?

Answer: By teaching the consumptive to destroy his spit. By teaching consumptives how not to infect their families or neighbors. By educating people to keep their bodies in good condition.

Because of the influence these lectures have upon the children and through them upon their families, and also through the literature that is given them to take home, the Anti-Tuberculosis League regards the school instruction as one of the most important factors in the campaign.

Last year at the close of each lecture we gave each child a little pamphlet and asked them to take them home. This year we got up a little booklet with an anti-tuberculosis emblem on it and then we advertised prizes for the best letter sent in, as we had alphabetic contests of the children of Cincinnati. We had over ten thousand letters sent in, and the best one of these letters was printed in this book, and the name of the child that composed the alphabetic rhyme; each one is concerning tuberculosis. That kept the people of Cincinnati very much interested. The children are very proud of anything that costs money, so I asked them to take the booklets home and have their parents read them, and any one interested who have not any children in school, to talk it over with them, and to be very careful with the booklets because they cost money. They grew very much interested in these little books, in which we have little stories about Mr. Somebody and Mr. Nobody. We ask them to have their parents read these stories and see which family they belong to, and if they belong to Mr. Nobody's family to get busy and belong to the other right away.

MISS CANNON: I wish we might have had Miss Helbert at the tuberculosis exhibit we had here awhile ago. We also offered prizes for the reports exhibited and there were some very interesting ones.

The question has been asked, "What is being done in the matter of camp care of tuberculosis?"

MISS HELBERT: When the schools are not in session I have one at our day camp. We had quite a good deal of trouble in getting the day camp started in Cincinnati. Three years ago I had the consumptive district work in Cincinnati for two years, and I was very anxious to get a day camp. We did not have any funds, but through contributions and through the city's donations we secured enough to have one day a week that we called a day camp. We would take all the consumptives that came to the dispensaries and take them one day a week for an outing. There is a fresh air farm where consumptives can go who live in the tenement districts, but no one from the family. It seems they are barred from the fresh air farm. So we started a family day camp and last year I took out from thirty-five to eighty-five each day. Any family that had one case of tuberculosis was entitled to go to the day camp, and for this we got the ground from the city. It is on the ground of a branch hospital of our

tuberculosis hospital. I think we did more instructive work with our family in our day camp than any other way. In the morning we took them out at eight o'clock on the car and at the end of the car line we had a carryall wagon, as we were a mile and a half from the car line. There we had four tents, two for the men and two for the women, with little cots for them to rest in. We had beds screened thoroughly for babies only, then we had a screened dining-room that would seat eighty people, with tarpaulin top. At ten o'clock each morning every member that went out—that meant the consumptives or the families—were given all the milk and crackers they wanted to eat. The consumptive was allowed as many fresh eggs as the doctor wanted him to have. At eleven o'clock the temperatures were taken and those who had a degree above the normal would have to lie down and rest. At twelve o'clock we gave them a good dinner of soup and meat, potatoes and one or two vegetables, bread and butter. We gave them a good wholesome meal; never coffee or tea. We tried to train them to drink milk or water. At the table we had what we called table manners. I sat at the head of the table and the people were seated. No mother was allowed to put a spoon in her mouth and then in the baby's mouth. We used pasteboard plates and every one had his own knife and fork and a couple of spoons that each got when he came. I had an individual cup and plate for each and it was a disgrace to use anyone else's cup or plate. When I first went out it was a good deal of a job. The mothers wanted to put the spoon in their mouths and then in the babies'. But it was not a week or two before the babies would not eat anything after it had been put in their mother's mouth and then in their own. We had boiling water and each plate was washed and put in its place; then the pasteboard plates were burned. After dinner each mother was allowed to rest. I put blankets in covered places and maybe one family would have five children and maybe the mother would be at work and the father would have consumption and he would bring all the children. The children got a good rest and I had the mothers take down their hair and clean it, and then the children's heads were washed.

The first two or three days I would have quite a time with a family of children who were not used to taking a nap, for the mother thought she would have to have the children on her lap all day. After dinner the babies were put in the little bungalow and the mothers could not come in until they had had their nap; in that way they were taught to take a nap.

We had plenty of reclining chairs. At half-past four they all had milk and crackers, and the patients had eggs again. At five o'clock they were all cleaned up and ready to go back to the city.

This year as soon as I go home from here I expect to start the camp again and of course we expect to do more than we did last year, because we learned a great deal last year by having it. The only difficulty we have is that it is a little inconvenient to have this long, hot ride, and then the wagon ride, but it did not seem to hurt any, and all the patients seemed to gain, some four or five pounds and some more than that a month. It was perfectly wonderful what it did to the children. Some of the children had never been in the country a day; some had never seen butterflies. I know two of the little children almost ran themselves to death the first day they were there after butterflies. All the patients are under the doctor's care and we keep a record of them.

Miss Delano resumed the chair.

REPORT OF THE COMMITTEE ON NURSING OF THE INSANE

MISS HILLIARD: I very much regret to say that I have not what may be called a report. I was a little bit delayed in getting the notification, due to change of address, and the committee has been so separated that it has been difficult to do anything in the way of a regular report. What I have is really recommendations of what should be done or what could be done in the year to come. In looking over the ground with Dr. Russell, who has been the State Inspector of Lunacy for the state of New York, I make the following recommendation, and as the following factors have gone far toward improving the conditions in hospitals for the insane, viz.:

1. State care and state supervision, under medical management uncontrolled by politics.
2. Provision for the temporary care and observation of insane persons previous to their commitment—other than jails, viz.: (a) Psychopathic departments in general hospitals; (b) Separate institutions with resident physicians and graduate nurses.
3. Training schools for nurses, under the direction of principals who are graduates of general hospitals, with experience in this branch of nursing.

This committee recommends:

1. The establishment of schools for nursing in all state hospitals for the insane where they do not already exist. Each school to have a principal who shall be a graduate nurse of special experience with a sufficient number of graduate assistants to provide an efficient teaching and supervisory force.
2. These schools to meet the requirements for state registration.
3. Each school to have such affiliations with general hospitals as may be necessary for complete training and instruction in subjects required for qualifying in general nursing.
4. Better quarters, food, and hours of work are required for nurses in these schools than prevail at present.
5. The hours on duty should not exceed ten in each twenty-four hours.
6. There should be more distinction made between attendants and nurses in training.
7. More definite instruction in general and mental nursing should be given in lecture and class room.
8. Whenever possible, the most efficient nurses graduating from these schools should be retained in the service for the hospitals, at increased salaries.
9. Provision for postgraduate courses should be made.
10. General hospitals which give a three years' course in nursing should offer their pupils elective courses of from three to six months in hospitals for the insane. I believe that this would arouse great interest in the work of nursing the insane and would attract women of high ideals, who, when they saw the urgent need, would have the enthusiasm and ability to respond to it. It might eventually help to fill some of the vacancies for principals that now exist in these schools.

AMY HILLIARD, Chairman.

MARIE PETERSON,

MARY MAY BELL.

THE PRESIDENT: This completes the regular programme for the afternoon and I am going to call for the final report of the JOURNAL OF NURSING contributions.

AMERICAN JOURNAL OF NURSING PURCHASE FUND

Jane A. Delano, one share of stock.	
Kansas City Hospital and Training School Superintendents' Association.	\$15.00
Kansas City Graduate Nurses' Association	25.00
Kansas City General Hospital Alumnae Association (Miss Harriet Leck, R.N., delegate for last two associations).....	10.00
Kentucky State Nurses' Association	24.00
Lafayette Graduate Nurses' Association, Indiana	5.00
New York Hospital Alumnae Association	100.00
Illinois State Nurses' Association	100.00
Anna C. Maxwell	25.00
Martha C. Woody	5.00
New York City Training School Alumnae	50.00
Boston City Hospital Alumnae Association	50.00
Presbyterian Hospital Alumnae, New York, per H. I. MacArthur.....	50.00
Henrietta Hampton	5.00
Alice L. Smith, Bloomington, Ind.	5.00
	\$469.00

THE PRESIDENT: This gives to the Associated Alumnae eighty shares of stock, leaving only twenty yet to be purchased.

When I was elected president two years ago in Minneapolis I fell heir to this JOURNAL work. It had originated before that and contributions had been made toward the purchase of the JOURNAL property. But I was determined that if we accomplished nothing else in these two years that we would bring this purchase to a completion. I take the greatest possible pleasure in announcing to you this afternoon that never again will you be asked to subscribe to the JOURNAL purchase fund. This is, I will admit, one of the proudest moments of the last two years. It has been a tremendous undertaking, but we see our way clear to complete the purchase of the AMERICAN JOURNAL OF NURSING.

The JOURNAL, for all practical purposes, is now your JOURNAL, and if the subscription list does not double in the next year I shall be bitterly disappointed. After we have worked and after we have struggled to gain the ownership let us start out and make the JOURNAL what we think it should be. In all good spirit and in all good feeling let us support the JOURNAL first by subscribing to it and then continue to offer suggestions. There is nothing that any human being can do, no matter how well done, that cannot be improved upon, but it is not worth while to criticize or offer suggestions unless we have something which is really going to be an improvement. Now that the JOURNAL is really ours, let us love it and cherish it and uphold the people who are trying to make it what it should be.

Meeting adjourned.

SATURDAY MORNING SESSION

The meeting was called to order at 10.10 A.M. by Miss Delano.

THE PRESIDENT: I have a telegram this morning from Mrs. Jenkins, whom you made an honorary member yesterday. It reads as follows:

"Miss Jane A. Delano,

Hotel Brunswick, Boston.

"Mrs. Helen Hartley Jenkins thanks Miss Delano for electing her as an honorary member of the United States Nurses' Alumnae."

Minutes of Friday afternoon read and approved.

THE PRESIDENT: I had intended to give a long report of the Red Cross work, but the meetings seem to have been so full that I am simply going to give you a summary of the work and then commend you to the AMERICAN JOURNAL OF NURSING, as we shall continue this Red Cross Department.

After telling of the calls that had been sent for Red Cross nurses and of the prompt response from local organizations, Miss Delano relinquished the chair to Miss Mathilda Johnson, of Cleveland.

MISS JOHNSON: We have a paper this morning on "Rural District Nursing,"* and it gives me great pleasure to introduce Miss Henrietta Van Cleft, from Lakeville, Connecticut, formerly associated with the Henry Street Settlement in New York.

MISS VAN CLEFT.—In speaking of the present-day rural nursing it seems not unfitting to speak of that which has always been the nursing of a neighborhood, the neighbor on hand to help another neighbor. My attention has been called to that particularly just now, because in our village, at more than four score years, has just slipped away a woman who did the visiting nursing in that village and community. She was a woman of the fine old-fashioned type, clean, capable, most kindly; and as she lay in her last illness it was most interesting to see the tributes that came from different people—people for whom she had worked, giving service that no money could pay for, from neighbors that she had gone in to care for. As she would have said, "when greenhorns came to the country, greenhorns without shoes or stockings," she was there to greet them and care for the mothers. When there was contagious disease and no one else wanted to go, and people were afraid, it was Miss Neville who went, did the washing, if necessary, and cared for the people. This visiting nurse was just a very poor woman who gave her services gladly.

I met a woman, in 1890, a woman in quite another walk of life, who had in her village performed this same service as Miss Neville did in this little Connecticut village where I saw her. I think every one is familiar with the Jubilee nursing in England and now with Miss

* Reported in part, Miss Van Cleft being unable to furnish the paper in full.

Holman's similar and wonderful work in the North Carolina mountains. I am going to ask you to go with me to a little Connecticut township—not a small township but made up of small villages—away among the Berkshire Hills and the beautiful lakes of Litchfield County. About five years ago it was conceived that if nursing were good in a city district it might be well for the country, and a resident of the township who had known one of the settlement nurses in New York, I think, made it possible for the people of this village to have a visiting nurse. This township has three villages. The work was started in February, 1906, and was the first real rural nursing in the state, although Connecticut was fortunate in having visiting nurses in a number of her cities and towns and indeed a state visiting nurses' association.

The work is varied because the three villages are so different. Ore Hill is a mining village. The people are Polish and Italians and Irish, largely. The mine is a very interesting old iron mine that has been worked for more than a hundred years, and at first the people who had the mine were English. Gradually the English were replaced by the Irish and now the Irish are being supplanted by the Italians and Poles. The people live in tiny houses that are perched around the edge of the mine and are very small, but comparatively comfortable compared with what the conditions of comfort might be if these same families were living in a city tenement.

In two instances where there have been typhoid in the village the visiting nurses have cared for the cases by day and the town has furnished a night nurse; in the first case there were two patients, boys of eleven and thirteen, and in the latter it was a colored family where there were four patients ill for a long time, and at one time there were six.

When there was but one nurse she was called at night in emergencies only.

At the completion of the winter we have nurses come to talk to the people in the country, people who are shut in or chronics; for several winters we have had some lessons in home nursing which have proved very nice. We have showed the people how patients can be cared for at home. Some people in the country have a great aversion to air, so one of the first days of the nursing class was in a house where the patient was a woman who had had pulmonary hemorrhages, and the windows were all open. As the nurse was going upstairs one day the old uncle called out and said, "Would you mind shutting that door? If you freeze her to death there is no use of freezing me, as I see;" it being against his preconceived notions that a window should be opened when a person was sick.

Last fall an offer was made by the village over the mountain from us, which has been considered a hard place to reach, for a nurse to come there for three months and see if it was worth while. Before the nurse went the people who might furnish the support were consulted and they said to go on with it, if it seemed worth while the nursing would be established. The nurse went, quite against the doctor's ideas and quite against the wishes of some of the people themselves, for strangely enough people in country districts do not know that they need a visiting nurse; and the doctor said, "Well, I am going to be very frank with you. I do not think we need a nurse over there, not that kind;" and I said, "I don't believe you know." But after being there just a few days the opportunities came along thick and fast and towards the end of the three months the nurse was called in in an emergency in the family of one of the people who would not be supporters, and they were convinced that it was a very good thing to have a visiting nurse within call. She was called in where the nurse expected was away and could not get to the patient, and filled in very acceptably. That rather clinched the agreement and the nursing was on its feet.

Yesterday when Professor Winslow was talking about the qualifications of the nurse I thought that the nurse of the rural districts should have all of those and added to them a very good sense of humor; because there are discouraging things with all of us, and sometimes when the mud is very deep and your horse sinks and then you pull him out and you go in and it takes a long, long time to get to the case and it takes a long time to do the case when you get to it, and then you know you have to go over that muddy road again,—unless you are able to see the fun of it, it would be rather difficult. I think the rural nursing offers great opportunities in social work. The country slums, having no supervision, are often as bad as those of the crowded city, and the standard of morals as low among the beautiful hills, sometimes I think lower, away off among the hills, than in the city. It is also true that among the cultured people in the country there is very often little knowledge of how the other half live, and this knowledge the nurse is able to bring as she goes into all the homes. She may bring about the knowledge that humbler neighbors are really heroes and heroines, because she has been with them at most trying times and knows.

Miss Johnson introduced Miss Wilkinson, of the Hartford Visiting Nurses' Association, who opened the discussion.

MISS WILKINSON.—Madam Chairman and Ladies: I know of at least one reason why I should be asked to discuss this question and that

is that perhaps my association in Hartford, Connecticut, might be called the connecting link between the rural district and the large visiting nurses' associations. Our society has a good many of the problems to deal with that Miss Van Cleft has stated. We have to act as social workers, as visiting nurses, and take in all different kinds of work. I was thinking to-day while I sat here and at the meetings during this week, in hearing the different speakers tell of the work of the visiting nurses, on the board of health, in the school and as a social worker, that there was a diversity of opinion expressed in regard to these matters.

From observation in different cities and from observation in my own work, I find that the visiting nurse in most places—and a great many of you here I know will agree with me—is often called upon not only to fill her own legitimate calling, as she does in the large city, of caring for the sick, but she also has to take in some instances the place of the social worker and help out the Board of Health a little and give family advice in a general way. It has been my experience of about eleven years in this work to find that the need of different branches of the work increases. In our association, in that length of time, from one nurse we have increased to five. From keeping our nurses living in a nurses' club house we now have a central residence. I would just like to say that in a very humble way we are trying to copy the Henry Street Settlement and in doing so we find that we are greatly benefited. I find myself benefited not only in being able to help more people, but in the help I receive myself. I will just tell you one experience I had a month ago. After working all day in getting a case of tuberculosis disposed of in a state sanitarium, and getting the next member of the family, an early-stage case, into another sanitarium, after having the entire family examined, it was a strenuous day. When I went home about five o'clock in the afternoon it was a relief to find a call from the settlement work—a party of boys asking me if they could have a baseball team. That was to me a relaxation.

We have sometimes acted as carpenters and taken things in our own hands. In your large cities I envy you. I went around a few days, eleven years ago, with a Boston visiting nurse, and many a time my mind has gone back to that day. As I remember she gave her patients, as they required it, a book of milk tickets, so that they could go to the milk depot and be cared for. She left a call for a certain physician to call upon a patient. That was taken care of. And she was well equipped for the work, for the delightful work in Waltham and Boston. I went to our own field and began to work with very little experience with the knowledge of people or private nursing. I began our work

there and I found that many conditions that you had to meet here I did not have to meet, but I had other conditions that we are called here to meet, and I find—and I think you will have to agree with me—that each has to work according to what is demanded of her, that you will each have to work according to the best good of the community. I find that nurses, as a rule, who are doing private nursing, understand our work and are willing to help us. I find in my own work that it is much easier to get a nurse to come for a night where she is not paid than it is to get one to go for a night where she is going to be paid. There is a feeling of loyalty and responsibility in working for the poor that I appreciate very much, and I think the rest of you have the same experience.

Miss Johnson called on Miss Damer to say something about her work in the District Nursing Association in Northern Westchester County, New York.

MISS DAMER.—I want to say a few words about the organization for district nursing in northern Westchester County, for one reason because the work there was begun by a nurse who started an organization, and because it is the only rural district nursing association in the country which is organized into districts. It is now entering on its thirteenth year. The work was begun by Miss Ellen Wood, a graduate of the Johns Hopkins School, whose home was in Mount Kisco, who had been working there after her graduation, living in a little town, and then undertook the work of a Spanish American War nurse and died, as some of you know, from the results of the character of the work there and abroad. The work was continued and the association was organized in her memory, and all these years has been carrying it on and extending its work.

We feel the strength of it is in its organizing and districting. There are now fifteen branch committees connected with the central board at Mount Kisco. Each little town, as it falls in or has it urged upon it, begins to work in its own district. The central committee provides the means and guarantees the salaries of the nurses. The sub-committees in the villages raise what money they can by associate and sustaining membership, of \$25 and \$5, which are sent to the central committee for general work. One dollar, the active membership fee, is retained by the sub-committee of each village for the supplies and transportation of the nurses from one place to another beyond the railway station. I am a member of the association and chairman of our Yorktown Branch Committee. I am not one of the working nurses on the staff. The branch committee in Yorktown was organized three years ago. We have

now one of the largest memberships and the central committee tells us that we have sent more money in than any other of the sub-committees. We have interesting meetings.

We are the most rural branch. Yorktown itself has not more than three hundred people, but the nurse travels through all the surrounding districts of the little hamlets and villages and the farm-houses everywhere. One went to a patient two or three miles away from her home. She travelled twice a week through all the storm and snow to that village for eight months, but the patient was so well cared for that now he is completely cured and is interested in our work, he has become a member, and is trying to pay back in this way what has been done for him.

The general committee organized several other sub-committees. We have of course a supply committee and a ways and means committee and an instruction committee, which is very interesting in the work which it does. Each little group has its own instruction committee also, and each year they plan for some work to be done in the public schools. We had, one year, personal hygiene. Thousands of cards with the maxims printed on them have been printed by the general committee and sent out to every district school in our organization. The children read essays and compete for prizes which are given at the end of each year.

We took up, a year ago, the subject of sanitation, of the home, of the grounds and of the neighborhood, and, because we could not find a little booklet simple enough for the children, we had to write it ourselves, and that was distributed among all the schools in the district and prizes were given in the same way.

This last winter we have been taking the house fly, with the same plans, the same issues of leaflets, securing them from the boards of health wherever we could and placing them in the hands of the school teachers. The number of each is charged to each school district and sometimes the nurse goes, and sometimes the chairman of the committee, to speak to the school children. Then a time is given for the writing of essays. This year in Yorktown instead of just sending their essays to the central committee, we gave a concert in aid of their work and presented the prizes there to the children. There were forty-five sent in to our sub-committee and prizes given for the different grades. I assure you that if any one comes to Yorktown this year, and if the promises of the children are kept, he will not find a fly in our district.

We also of course have to act, as Miss Van Cleft and Miss Wilkinson have said, as social workers and sanitary officers and do all the work

that is done by specialists in the larger cities. We are helping our Board of Health in every way possible and I can tell you that Mrs. Board of Health is doing a great deal more than Mr. Board of Health is in our community. We act oftentimes as truant officers and probation officers, and oftentimes arrange to send children to institutions. All such work we try to cover as far as we can. The committee of course does not leave it altogether to the nurses, but we have in our district also, through many of our members, the use of settlement house beds in New York City and the use occasionally of other free beds in some other hospitals.

We have two ambulances, one at Mount Kisco and one at Chappaqua, a wagon and an attendant. But we feel that the strength of the work lies in its co-operation, one village helping another. In some of the larger villages there are some wealthy people who have their country homes there; they help us very generously and in that way we are able gradually to extend the work from one village to another.

Now we have work in the northern part of Westchester County, above White Plains. It is the upper part of the county where all the smaller villages are. It is certainly a wonderful work there and we feel that it could be undertaken in other states and sections in this way, where perhaps it could not be done in one village. But it is needed everywhere, in every hamlet and town, where these things are unknown and where the people themselves perhaps know nothing about them. They need care, especially chronic cases, neglected as we often find them, for people in the community feel that nothing can be done for them. No one has time, perhaps, except a near neighbor.

MISS JOHNSON: It seems to me that we should all be inspired on going back to see what we are going to do to help our country neighbors.

HOW ONE SMALL COMMUNITY IS SOLVING ITS TUBERCULOSIS PROBLEM

BY NELLIE M. CASEY

WE are growing rather accustomed nowadays to hearing about the problem of tuberculosis in small communities and how best to deal with rural nursing, and so I thought it might be pertinent at this time and before this convention, to tell what one community has done for itself, without any outside aid or any knowledge of similar work attempted elsewhere.

The community in which I am working has a population of between ten and twelve thousand, and is narrow, conservative, self-satisfied.

They have a tuberculosis association which was three years old in December, 1910. They have had some lectures, a tuberculosis exhibit and have distributed a good deal of literature.

In June, 1909, they placed a nurse in the field to start tuberculosis work—a good nurse—graduate from a New York hospital training school—but who had no knowledge or training in tuberculosis, and who had done no social service work of any kind. At the end of three months this nurse resigned because she had nothing to do.

In August, a committee from the Tuberculosis Association appealed to the County Medical Society, asking for its advice and approval in having this work organized. The Medical Society appointed a committee to consider the matter, with the result that a letter was sent to the Tuberculosis Association, saying that the time was not ripe for a nurse, and that tuberculosis was not a serious problem at the moment.

In spite of this letter, a few of the progressive and earnest members of the association decided to make the experiment and the work was begun in February, 1910. To-day there are two hundred cases under supervision and instruction. All houses from which a tuberculous patient has removed, or in which there has been a death from tuberculosis, are reported to the health officer for fumigation and disinfection.

The physicians, with a few exceptions, are co-operating with me, and no chest examination of a woman or child is made without my being present in the doctor's office to assist him and prepare the patient.

A Social Service Club has been organized for friendly visiting among the patients, and a band of capable and interested women is doing most excellent work along this line.

The most important effort that has been made is the demand for a

hospital for advanced cases of tuberculosis—and after the appointing of a committee to interview the necessary authorities, and of which I have the honor to be a member, another committee was appointed to draw up plans and specifications for a suitable building. I was asked to name this committee and, after suggesting those whom I felt sure would work for our interest, I was surprised and delighted when the members of the committee themselves included me among them.

This we feel is our most important move, as it will also be our most radical way of dealing with our tuberculosis—and it is gratifying to state that every member of my community is interested and is working with me—the Board of Trade, Business Men's Association, clergymen of all denominations, prominent business men, bankers, lawyers, etc., and in fact every one wants to see the hospital in existence, because they are now educated to its need and alive to the necessity of dealing with conditions. We have here a large colored population upon whom we are dependent for all sorts of service, and it is in this class we find our greatest amount of tuberculosis, and it is from them it is being spread broadcast.

Another important move was the federating of all our charitable and philanthropic activities under one head, to be known as the "Federated Charities," and we think we are unique in its organization, for so far as we can learn, no similar organization exists anywhere throughout the country. The organizations represented in the federation are the Charity Organization, the Free Kindergarten, the Night School, the Tuberculosis Association, the Chapter of the Association of Workers for the Blind, the branch of the Children's Aid Society—and has made provisions for including any association which may be formed later on. The Federated Charities has its own building, the various departments having their offices under the same roof. The Tuberculosis Association will open a tuberculosis dispensary and tuberculosis classes will be formed—one for white, one for colored patients. In this building, which is, in reality, a settlement house, and is known as Neighborhood House, clubs and classes will be formed for boys and girls, mothers' meetings, cooking and home nursing classes, etc. The kindergarten and night school will hold their sessions on the second floor, and a yard in the rear will be fitted up with a swing, sand pile, sliding board, and will be open after school hours to neighborhood children. The nurses and the workers will live on the upper floors and the House Committee oversees everything.

The name, Neighborhood House, defines exactly our position in the community, and it is hoped the house will prove a centre for work of

charitable, philanthropic and social life among the people whom we are aiming to reach.

We have here what is, I think, usual in small communities—a serious moral problem. A few talks on Social Hygiene have been given to small groups of interested people at different times, and always in dealing with the families and the homes do I instruct and teach this doctrine. This fall I am to have the opportunity of going into the public schools and talking to the classes on personal hygiene, etc. The teachers have made a request, and it is to be granted. Last year a class in sociology at the Woman's College asked for a talk on tuberculosis, which I gave them, and again this year the request came from this year's class.

Within the past month the ladies of the town have organized a Civic Club, which was so anxious to get to work that it has already had a "Clean Up Day" and 800 cartloads of refuse and rubbish were moved outside of the town limits to be burnt. They are planning a playground movement, and I feel they will be most helpful to me in securing better and more sanitary housing conditions.

An interested citizen has promised to put up for me one or two small model cottages—four and six rooms respectively—in the hope of awakening public conscience as to its responsibility in the matter of the housing of the working class.

An arrangement was entered into last December with the Metropolitan Life Insurance Company whereby their policy holders have had nursing service rendered to them without any cost, and this has made possible the saving of many lives and the amelioration of much suffering, and is along the line of preventive work.

So, as a small rural community, I think we have solved our problem—we know our enemy and are preparing to meet him in the open—the carrying out of the necessary detail will take a little time, but since in one year we have accomplished so much, we feel that in a few years from now we will be an ideal community.

I want to say that my work has not been confined to the town proper—many trips have been taken into surrounding counties and in all kinds of weather.

To-day I could keep three other nurses busy—if I had them—but I, like all the visiting nurse associations, am handicapped for nurses in the development of my work.

It is only justice to say that my community has had no aid from any source except its own resources, and there have been times when we wondered how our expenses were to be met, but they have been met and salary has been paid. Only splendid optimism and enthusiasm could

have overcome some of our difficulties, but these we have in abundance and to spare I think, since the State of Maryland is asking if I will train its nurses for the tuberculosis work they intended organizing in the different sections. This I have promised to do for them.

So rural nursing need not be such a problem, if you have the right nurse, and if you can get her when you want her. So far, this has not been possible.

Cannot nurses be induced to try this work? If not, will this convention find out the reason?

MISS MAXWELL: I would like to request the delegates of this association to make a request of their schools to train nurses especially for this field. The question must be brought to the pupil nurse while she is in training. She must hear it discussed in her school and she must if possible associate with those who are doing it at the time they are under training, and I think the greatest force can be accomplished there in the way of providing for our future rural nursing and nursing in the tuberculosis department of this work. I think it is right that the alumnae should request it of their schools; if they make the request, and make it strong, I think more attention would be paid to it by the managers of training schools. In my own experience it was long before I could get the accomplishment of it on account of funds, and not until I got the funds was I able to establish the work in connection with the school. (The Presbyterian Hospital School for Nurses, New York City.) It has been, we think, a very great element in the improvement of the school itself, and I think that managers of training schools could be urged to make that if possible a part of the training. I worked for it for seven or eight years and I was always told it was too expensive. We had an offer from the nursing settlement to send our pupil nurses there. Of course we had to pay for their board and laundry, so that was refused, and we were asked to establish it in connection with the Vanderbilt Clinic, sending our pupils there. I said finally that I would send one, and I took that responsibility myself; just at that time a lady came forward and asked what she could do for the training school and I said she could establish visiting nursing, as I thought it was most valuable in the preparation for future work. We received a gift of \$5000 for that purpose. We estimated what it cost to carry on the work of four nurses, giving a certain amount to charity; because I think it is very difficult for nurses to go empty handed into families where starvation exists; and part of that was to be used for the uniform and part to pay the hospital for the expense of the nurse. That amount has been increased to \$10,000 a year. That of course gives us ample opportunity to relieve the immediate wants of our patients. It is very seldom, of course, that one would probably get such an amount to use in that special way—I mean given by one individual. But where you can interest a number of managers in the work it seems to me that you could accomplish enough to carry on visiting nursing in a small way in every school. The pupil nurses in our school go as far as possible, for two months each, during their last six months. It is an elective course and nearly every pupil wants it. Some of them stay on after their course is finished in order to get it; proving that it is to them a very valuable thing.

A paper on "Dr. Grenfell's Work in Newfoundland and Labrador," written by Miss M. Keating of Baltimore, was read in part by Miss DeWitt, but curtailed for lack of time. (This paper will appear in full in a later issue of the JOURNAL.)

REPORT OF VISITING NURSING COMMITTEE

I regret you are to be deprived of Miss Lent's gracious personality and contagious enthusiasm, because of her trip to Europe for a long-delayed, but sorely-needed rest, and I must apologize for even attempting to take her place as chairman of this committee. I only did so because it was her wish and because I wanted to be as helpful as possible to you, and because of my desire to do something for the work of visiting nursing.

Keeping in mind the plan of last year's work as outlined in the report of the committee at that time by its very able chairman, Mary E. Lent, of Baltimore, the committee this year has again made an effort to get in touch with what is being done by district nurses throughout the country, and in going through the reports from the several members of the committee, I was impressed always by the steady, continuous growth of the work, which speaks for itself. All the reports show increased nursing staffs, which means enlargement of present work, or development of new fields.

Again I could not fail to appreciate the spirit of splendid optimism which pervades each report and which spells SUCCESS more than any other feature.

We know of no new addition to the literature on this subject, but that which is already in the field has kept up to its high standard, while the AMERICAN JOURNAL OF NURSING has its own special department under Edna L. Foley's able management.

Another feature which all the members of the committee are dealing with, and which is not such a happy one, is the lack of material for this work, lack of nurses willing to make the experiments, though when once tried, this field is one of the most interesting and attractive in the nursing profession, and surely the most satisfying to the nurse herself.

It has been said that one of the objections to district nursing is the small salary paid to its workers. This is true to some extent, but not generally so. To-day the demand for nurses for visiting nursing is so great that an experienced worker, one who has had experience in district nursing and tuberculosis nursing, as well as in organizing this sort of work, can name her own salary and get it, too, if she proves the right woman for the position.

In no other phase of nursing work can all one's best attributes be so acceptable or so valuable as in going into the homes of these less fortunate members of society, and believe me, the nurse who is privileged to be a district nurse has many compensations that her sister in hospital or private duty never even dreams of, but as Miss Lent said, on one occasion, not every good nurse is a good district nurse. She must have, as Miss Lent expresses it, "the vision;" lacking this, she had best not continue in the work, for it will mean only routine of drudgery for her; but with it, she will have a clear perspective, and will realize all the possibilities for good to the individual, to the community, and, as a consequence, to humanity.

In the campaign against tuberculosis, the disease so well described as the

great white plague, which is being waged so generally all over the country, and in fact all over the world, there is urgent and immediate need for our best nurses, yet everywhere is the work handicapped because there is no nurse for the position. What is the matter with the nurses? Is it that they fear this disease? How much longer can they refuse to heed the call to this service?

From all sources comes the awakening of the public to the realization of a nurse's especial fitness for dealing with the problem of the nursing of the poor in their homes, and recognition and appreciation of this is being borne in on the minds of municipal officers and those connected with boards of health. She is to-day, because of her training, the best social worker we can have, and all avenues of social work find her the most valuable asset. What, then, are the nurses going to do about it? Will the work remain undeveloped because the nurses will not respond?

We have general district nursing; tuberculosis work; nurses in the schools; nurses in the playgrounds; nurses in charge of the babies; nurses in social service work and always the cry and the demand for more of the best kind.

It has been thought that a very difficult field of work, scarcely yet attempted, lay in the problem of rural nursing. Some few sections have begun work, placing one nurse in the field, and one community has responded so well and is so aroused and enthusiastic, and the development of its work has been so splendid that attention is being called to that locality, and the neighboring counties are planning work along similar lines, if they can get nurses for it.

The Metropolitan Nursing Service, introduced into 216 of our cities, shows what one great body feels about preventive work, and demonstrates how much needless sorrow and poverty together with valuable lives may be saved, it is doing unquestioned and untold good.

Sometimes it will seem that a visiting nurse has little real nursing work to do, in a small community, particularly, is her work invaluable, and here she is called on for all sorts of service, from nursing a case of typhoid fever to an explanation of tuberculosis in cattle, from keeping a restless young girl or boy in his or her position, to investigating the cause of his or her discharge from it.

The visiting nurse must take the initiative in dealing with many of the conditions that make her work and herself a necessity and she must so place them before the community that she enlightens, that its members dare not shirk their responsibility, so truly are we our brother's keepers.

NELLIE M. CASEY, Chairman pro tem.

JANE E. HITCHCOCK,

HARRIET E. FULMER,

MATILDA L. JOHNSON,

ISABEL S. STRONG,

NANNIE J. MINOR.

Miss Delano resumed the chair and called Mrs. Draper to the platform.

THE PRESIDENT: I should feel that this meeting was scarcely complete if I did not have the pleasure of introducing to you Mrs. William K. Draper, one of our new honorary members. I have known Mrs. Draper for many years, and I know of no one who is more deeply interested in nursing affairs, so much so

that I always think of her, and have for years, as one of us; and it gives me very great pleasure to introduce Mrs. William K. Draper, of New York, our new honorary member.

MRS. DRAPER.—I do not quite know how to meet such an occasion as this. I do not think I have ever been more pleased than I have been by the information which was given me by Miss Delano that I had been made an honorary member of this association. I came to Boston to attend this meeting, and I have attended them before—not because I am a graduate nurse; I am not that, though I wanted to be—but because I could not or I did not lose my interest in the profession; I think it has grown every year.

I was awfully pleased when Miss Nichols asked me to speak at the banquet, particularly pleased at what she said in asking me. She said to me in the letter, "It seems particularly fitting that you should speak to us upon this occasion because you have such faith in us." Now I have great faith in you, one and all, in the profession at large and in the different associations individually and in the individual nurse. My work, so far as it can be called work, that I can do for the profession, is by being a member of the board of managers of a large training school—not the largest training school in the country, but it is in connection with the largest hospital in the country. It is on Blackwell's Island, New York City, known as Metropolitan Hospital; and this winter we have been caring for something over seventeen hundred patients—a daily census. The institution is a very big one. We not only have a general hospital but a tuberculosis hospital, where we care for something over nine hundred patients ill of tuberculosis. As I am the president of that board of managers you see I have a very big nursing problem to deal with. We are fortunate in having a most excellent superintendent for the training school. I am sorry that she is not here to-day. I wish that I might have taken her place there and let her come to this meeting. Although I could not do so I came along in spite of the fact that she could not come with me.

Possibly it is because we have such a good superintendent—I think it undoubtedly is because we have such a good superintendent—that I am doing everything I can to help her in the big work that she has before her and which she has handled so well.

I find the meetings of this association most helpful and I come to them to be educated. I think that we must deal—I mean the boards of managers of training schools—with the questions of nursing, as I am pleased to call it, from the inside out rather than from the outside in. I try to look at the problems as they come up from the nurses' point of

view first, from the patient's point of view second, and from the board of managers' point of view last; because it seems to me that we cannot deal with a problem until we know it thoroughly. Of course our first object is that we shall give good care to the patient, but we cannot do that without considering how that care is to be given from the nurses' point of view first.

I do not feel, really, as if you should have given me this very great compliment, but I can assure you that I appreciate it, and appreciate it deeply and warmly. I think I feel, as Miss Delano said to you she feels, always to have been one of you. I find myself in meetings, when I am talking, saying "we," meaning the nurses. I forget that I am not one of you. Now to feel that I am really one of you is about as high an honor as I could have hoped for, and I thank you from the bottom of my heart.

THE PRESIDENT: We have to bring before the meeting the question of sending a representative of the Federation, which represents both the Superintendents' Society and this, to the International Convention in Cologne next year. If we wait until next year to act upon this it does not give time for the representative to make her plans to go. The superintendents in convention have already acted upon this, and it is according to the letter of our agreement in the formation of the Federation that the two societies share in the expense of sending a delegate. Now have you any resolution to offer in regard to this?

Miss Eldredge moved that the Nurses' Associated Alumnae share with the Superintendents' Society in the expense of a delegate to Cologne. (The motion was carried.)

THE PRESIDENT: There is one other thing. I think it is scarcely fair to close this morning's meeting without considering briefly the work done by the women who undertook the responsibility of our JOURNAL—I say "ours" now—in those early days when it was an experiment and too many had little faith in it. Now they have turned over from that undeveloped piece of work the perfected JOURNAL as we now have it; and I think that some one has a resolution of thanks to offer to this committee or these people who first undertook the work of the JOURNAL. Am I right in this? Miss McIsaac, will you come to the platform?

MISS MCISAAC.—I am sorry that I had not known that I was to speak upon this subject, because the time is so short that I feel that I cannot say what I would like nearly so well as if I had had time for a little preparation, and that I might have had more opportunity to have had access to the early records. What I have is from memory and from the memory of those who had to do with the very first work in establishing and founding the AMERICAN JOURNAL OF NURSING.

The late Louise Darche, the general superintendent of the New

York City Hospital on Blackwell's Island, was the first to suggest that we have our own Journal of Nursing. This was done at the first annual meeting of the Society of Superintendents of Training Schools in Boston in January, 1895. The next year the Society of Superintendents met at Philadelphia, and while no formal action was taken, there was a great deal of discussion about the JOURNAL, and several nurses, among them Miss Palmer and Miss Davis, made inquiry among publishers and people who were doing work of that kind, editors of journals, about what we might do and how we should go about it and what the expense would be and how the responsibility of the business should be borne, and things of that kind.

The following year the American Society of Superintendents of Training Schools met in Baltimore and at this meeting the first committee was formed. This committee was to go into conference with those who had made these inquiries and report at that same meeting in Baltimore. The chairman of this committee was Miss Stevenson, of the Massachusetts General Hospital, of Boston. This committee did report at that meeting, but I shall have to refer you to the reports of the Society of Superintendents for that report, because while I heard it, I do not recall what it contained. The only thing I can say is that nothing definite was done, and that for three years the committee brought in reports about the study they had given and the things they had found out and all of that; but yet we did not feel that we were a large enough body nor a strong enough body to undertake to really establish the JOURNAL.

At the end of that three years the committee was reorganized and Miss Davis was asked to be the chairman; and with her on this committee were Mrs. Robb, Miss Palmer, Miss Stevenson, of whom I have spoken, Miss Fulmer, of Chicago; and this committee met for some time—exactly how long we cannot quite recall, any of us that are here now, but the final meeting of this committee, which resulted in the establishment of this JOURNAL, occurred in New York in Miss Thornton's home and was attended not only by the committee but by Miss Maxwell, Miss Dock and Miss Merritt, of Brooklyn. It was at that time that the work was planned out and the JOURNAL was actually started.

To the labors of those women who worked out the plan and assumed the heavy responsibility we owe a debt of gratitude which we can never pay, and at this time when, after so many years, the Associated Alumnae finds itself really the owner of the JOURNAL, it is fitting that we should record our profound appreciation, our respect, our affection, for this group of great nurses who gave us the JOURNAL.

I would therefore move this as a resolution: that we record at this Boston meeting, where the JOURNAL has finally come to us, and where it was first spoken of, our appreciation, our gratitude and our affection for these women.

THE PRESIDENT: It is scarcely worth while to place this as a formal motion, but may I ask that this resolution be adopted by a rising vote?

The resolution was unanimously carried by a rising vote.

A MEMBER: Miss Darche was the superintendent of the New York City Training School. The alumnae association of that school wishes to contribute fifty dollars in memory of that.

THE PRESIDENT: That is very interesting. In memory of Miss Darche, who was superintendent of the Training School of the New York City Hospital, fifty dollars.

MISS ELDREDGE: It seems a strange thing that the Nurses' Associated Alumnae—I should apologize—the American Nurses' Association is not in any way affiliated with the National Federation of Women's Clubs. I think most of our state organizations are affiliated with the state federations, and if in order I would like to present the following motion:

I move that the Board of Directors be requested to investigate the conditions under which this association may join the General Federation of Women's Clubs, and if it finds that the association is eligible, and if, in the opinion of the board, membership in the general federation is desirable, that the board be authorized to make application for membership, and if the association is admitted to membership that the Executive Committee be authorized to appoint delegates and alternates to represent the association at the next convention of the General Federation.

After discussion the motion was lost.

Meeting adjourned.

SATURDAY AFTERNOON SESSION

The meeting was called to order at 2.15 P.M. by Miss Delano.

Minutes of morning session read and approved.

DR. HUGHES: I wish to make a profound apology for introducing a motion when I was really not a delegate. I have attended your meetings a good many times, but not your executive meetings, and having been associated with nurses for thirty-one years—twenty-nine years a graduate—I quite forgot that I did not have the privilege of making a motion; so when I made that motion the other day to insert a clause for retired membership in the constitution I find that I was quite at fault. It has been brought to my attention, and I wish to make a most profound apology and withdraw my motion.

THE PRESIDENT: I am sure, Dr. Hughes, it is readily accepted.

MISS GIBERSON: I move to reconsider the motion to adopt the by-laws.

Motion lost.

REPORT OF SPECIAL COMMITTEE ON TUBERCULOSIS NURSING

A brief survey of the growth and extent of the organized movement for the study, prevention and control of tuberculosis may be helpful in enabling us to arrive at a clear understanding of the present status and future possibilities of the nurse's rôle in the tuberculosis crusade.

The history of the struggle between science and disease shows no other instance of such an effective organization of social, philanthropic and scientific agencies in a grim, determined effort to stamp out one particular disease as the organized campaign against tuberculosis.

Excepting the venereal diseases, probably no other disease is so widespread or involves so many social and economic conditions. For this reason any attempt to adequately deal with it must be conducted along broad lines and to be effective, must be thoroughly well organized.

RAPID GROWTH OF TUBERCULOSIS MOVEMENT

A recent report of the National Association states that over 600 cities and towns of the United States, besides about 100 in Canada, are engaged in the war against consumption, and that on April first there were nearly 1500 different agencies at work in the crusade. In these agencies are included 421 tuberculosis sanatoria, hospitals and day camps, 511 associations and committees for the prevention of tuberculosis, 342 special dispensaries, 68 open-air schools and 98 hospitals for the insane and penal institutions making special provision for their tuberculous inmates.

Forty-four states and about 250 cities have enacted antituberculosis legislation. The growth of this campaign in the last seven years is remarkable. In 1904 there were only 183 organizations and institutions in the entire United States. In 1908 there were 649 different agencies. Taking these figures as a basis, the antituberculosis movement has increased in force since 1904 nearly 700 per cent., and since 1908 over 105 per cent.

DEVELOPMENT OF TUBERCULOSIS NURSING

Incidental with, and an integral part of the development of the campaign against tuberculosis, has been the development of special tuberculosis nursing. The nurse's activities in the field of tuberculosis may be roughly classified into private nursing, institutional nursing and visiting nursing.

There is no possible way of estimating the number of nurses engaged in private tuberculosis work, and at the time of the preparation of this report figures were not available regarding the number of nurses employed in the 421 tuberculosis institutions.

Available figures regarding the number of visiting tuberculosis nurses are unavoidably mixed up with the figures for general district nursing. Approximately 2000 nurses are engaged in district work in the United States. The number of these devoting their entire time to tuberculosis work may be safely estimated at between six and seven hundred. Of these, nearly 50 per cent. are working in connection with special tuberculosis dispensaries, nearly one-third are employed by municipalities, and about one-fifth are in the employ and working under the direction of private associations.

DIFFICULTY OF SUPPLYING DEMAND FOR NURSES

The demand for nurses who are willing to devote themselves to the special work of tuberculosis is at present considerably greater than the supply and this demand is constantly increasing. The difficulty of inducing nurses to take up this work may be attributed to several facts. The fear of infection undoubtedly acts as a deterrent to many nurses who would otherwise be willing to specialize in tuberculosis work. This is applicable to private and institutional work as well as visiting nursing.

The experience of one superintendent can doubtless be duplicated many times by physicians, superintendents and registrars who have endeavored to secure special nurses for private cases. In this particular instance application was made to every registry in a large city for a special nurse to take charge of a tuberculosis case in a sanatorium. Eighteen nurses refused outright to take the case, although the explanation was made that the case was in a sanatorium and would not last long. One nurse made her acceptance a purely personal favor to the superintendent and only on condition that no one else could be secured. One nurse accepted the case, remained part of two days and one night, and departed before another nurse could be secured. In other words, there was but one nurse out of twenty who would answer the call even temporarily.

Ptthsiophobia, as well as the monotony of these long-continued cases, is undoubtedly a determining factor in the disinclination of nurses to accept such cases.

As regards the difficulty of securing nurses for tuberculosis sanatoria, the necessary isolation of such institutions is in a large measure responsible for the unwillingness of nurses to accept positions entailing residence therein.

As regards visiting nursing, the smallness of the compensation offered is largely responsible for keeping down the supply of desirable women particularly adapted to this kind of work. The average salary offered is from \$60 to \$75 a month. This standard of compensation for seven or eight hours' work per day is undoubtedly based on the salary which private nurses are able to command, \$100 per month, but the fact seems to have been lost sight of in establishing this rate of compensation that the private nurse receiving \$100 per month is also receiving practically all of her living expenses free, while the nurse who is receiving \$60 or \$75 per month has all of these same living expenses to meet out of her own purse.

Another consideration which has made it difficult to secure satisfactory nurses for district or visiting work amongst tuberculosis patients has been the lack of social training amongst the nursing profession as a whole. This training is an indispensable qualification to efficiency in this particular line of work.

SPECIAL TRAINING OF DISCHARGED SANATORIA PATIENTS AS NURSES

So great has been the need of institutions of nurses who are willing to devote themselves to tuberculosis work that the sanatoria have attempted to solve the problem by providing a supply of special nurses experienced in tuberculosis work, who have not had the advantage of a general hospital training, from the cured or arrested cases who have been under treatment in the sanatoria and who are desirous of fitting themselves for this particular kind of work.

The Maryland State Hospital for Consumptives, Eudowood Sanatorium, at

Towson, Md.; the Pennsylvania State Sanatorium at White Haven, Pa.; and the Phipps Institute in Philadelphia, are now offering a two-year course of training to a limited number of arrested cases who have been under treatment either in their own institutions or in other sanatoria. The courses offered comprise instruction in nursing, *materia medica*, physiology and anatomy, demonstrations in practical work being given by the head nurse throughout the term. The course of training also includes lectures on general medical subjects, hydrotherapy, massage, dietetics and the elements of surgical nursing.

The conditions of admission and the details of conduct compare with the training schools in the general hospitals. Examinations are held at intervals, and on graduation a certificate of proficiency in nursing tuberculosis cases is given.

The Phipps Institute reports that its training school was opened in November, 1904, and from that time until 1910 there has been an average of sixteen nurses in attendance, which number, however, has been reduced to ten during the past year. There have been up to the present time thirty-six graduates. Of these, four have died and four have had relapses; three have married; twenty-three are well and working, one of whom is engaged in private nursing, and the remainder are holding positions in institutions, in several instances as superintendents.

Of the thirteen nurses who have entered for training at Eudewood Sanatorium since the establishment of the school in December, 1908, three have been dismissed, three left of their own accord, three graduated in April and four are in the school at present. Some nurses on entrance were in the incipient stage and others were moderately advanced. In no instance did a nurse leave owing to a breakdown, and those who graduated are in better condition than when they began the work.

The report for White Haven Sanatorium was not received in time to be incorporated in this paper.

As nurses, we must carefully consider any step which would result ultimately in letting down the standards of the nursing profession, for the maintenance of which we have striven so long and so arduously. It is of course true that graduates of general training schools having had a supplementary post-graduate course in a tuberculosis sanatorium and having a particular interest in tuberculosis work would be better qualified for many positions because of their training. On the other hand, tuberculosis nursing offers special advantages to women with tubercular tendencies, because many can take this training who would not be able to stand the strain of general hospital training. Another great advantage is that in caring for their patients they follow the routine most conducive to their own good. Many argue that those who have had tuberculosis make the most successful nurses for this disease, and almost every institution of the kind prefers its officials to be nurses who have had special training in tuberculosis work.

POSTGRADUATE TRAINING

The graduate nurse desiring to take up any branch of tuberculosis nursing would undoubtedly find a brief sojourn in a tuberculosis sanatorium extremely valuable.

The Ohio State Sanatorium at Mount Vernon offers a postgraduate course to nurses, covering three months, to which graduates of general training schools

are eligible. Theoretical instruction is given in visiting nursing. Bacteriology and urinary analysis are taught, thus preparing the student either for laboratory work or the special care of a patient when a physician cannot be seen for several months, the nurse being enabled to make daily and weekly reports to the physician on the exact condition of patient. Dietetics and the etiology of tuberculosis are gone into with special thoroughness. Every detail of the care of tuberculosis is taught, so that the nurses will know exactly how to care not only for the patient but also to prevent any infection of themselves or the family.

In dealing with tuberculosis mere nursing skill will not suffice. The nurse must realize the necessity of wisely imparting prophylactic instruction to families and friends of the patient so that he will not be made to feel a leper and an outcast, and the patient must be trained so that his intelligent co-operation may be enlisted.

The interest of patients in handicraft work of all sorts has been frequently suggested as a valuable part of the nurse's work with tuberculosis cases, thus providing for financial and mechanical production at a minimum expenditure of brain fatigue. Such work would necessarily have to be sterilized before being put on the market. It has been suggested that local nurses' registries might consider the management of a place where such sterilization could be done, the work to be sold on commission, thus giving the tuberculosis patient a place in the active productive world and giving a money value to his production. This would remove one of the greatest handicaps from which the tuberculosis patient suffers, namely, his feeling of utter uselessness and dependence.

School nurses may also contribute their share to the antituberculosis movement by teaching both children and their parents to protect themselves and to detect incipient cases. Every nurse can by example and precept help to educate the lay public in hygienic precautions against infection, such as prophylaxis of telephones, drinking cups, etc.

GROWING OPPORTUNITIES IN SMALL TOWNS

If the constantly recurring requests for tuberculosis nurses which are being received from various small cities and rural communities throughout the country may be taken as an index of the rapid spread of interest in tuberculosis matters, it may safely be predicted that the widest field of usefulness for the nurse in the immediate future will be in positions of this sort. A nurse undertaking work in connection with a new tuberculosis association in a small place would have to possess qualifications which the nurse working under direction of supervisors in the larger communities thoroughly alive to their tuberculosis problem, would not be called upon to face. Her position would be a hybrid one. She would be called upon to do the work of the district nurse, and in addition to this she would be required to act as the executive officer of the local association. If she possessed the seeing eye, was gifted with imagination and endowed with ability to interest others, the importance of her influence would be difficult to overestimate. Her work in connection with tuberculosis would serve as an entering wedge for educating an entire community to its social needs.

We have an instance of this in the work of Miss C. in a small Maryland city. This nurse has awakened the community to its tuberculosis problem, has secured the active co-operation of the medical men and of the town and county authorities, making possible the elimination of a number of bad negro tenements, the building

of a model tenement for negroes, the establishment of a county hospital for advanced cases of tuberculosis, and the federation of all the charitable activities of the town. The secretary of the State Association writes: "We want to duplicate this sort of thing in Cumberland, Hagerstown and Rockville as soon as possible. Other communities will be coming along later. The difficulty is we are not producing many Miss C.'s near home."

Here then is a tremendous opportunity for enlarging the activity of the trained nurse. Undoubtedly the demand for this kind of service will spread all over the country, and thousands of small communities will be asking for this type of social worker.

It is our duty as nurses to see that an adequate supply be provided to meet this everincreasing demand for women to specialize in tuberculosis work. We can recruit a supply of institutional nurses from arrested and cured cases who desire to qualify as special tuberculosis nurses. We can urge upon training schools the necessity of fitting their students for this special line of work by affording them experience in district nursing and giving them a certain amount of training in social work.

We can urge the sanatoria to offer a postgraduate course of training to graduate nurses who may desire to engage in this particular kind of work, and we can urge graduate nurses who are especially interested in tuberculosis and who desire to take an active part in the crusade to fit themselves therefor by taking advantage of these special courses.

F. ELIZABETH CROWELL, Chairman.

LOUISE W. COLEMAN,

MARY B. EYRE.

REPORT OF COMMITTEE ON PENSION FUND

To the American Nurses' Association:

Your committee, appointed to consider the desirability of having a Pension Fund, respectfully reports that it has carefully investigated various pension funds such as teachers', railroad employees', ministers', etc., covering the same ground that has been covered by the committees of former years, and has come to practically the same conclusion reached by them.

Perhaps one thing new is that the Guild of St. Barnabas for Nurses is trying to find ways and means of starting a pension or benefit fund for nurses, hoping to have definite plans at their annual meeting in Chicago in October.

The committee believes that this association does not favor a pension fund as implied by the term "pension," but what it does desire is a fund to care for nurses who are really in need of help, which might be called "Emergency Relief Fund" or "Emergency and Permanent Relief Fund."

We do feel it very important that a fund be started at this meeting by voluntary contributions in the same way as the AMERICAN JOURNAL OF NURSING Purchase Fund, the Hospital Economics, and the Hampton Robb Memorial Fund were started. Two of these funds have been completed. As this association is incorporated, it is in a position to receive legacies, and we are quite sure that if the nurses will do as much, if not more, for this fund, as was done for previous funds, we can in a few years have a fund sufficient to care for those who are incapacitated and needy.

The committee recommends that such a fund be started at this meeting by

voluntary contribution and that a committee of five be appointed by the Board of Directors, whose duty it shall be to endeavor to increase interest in the fund and which shall be authorized to receive contributions and turn over the funds to the treasurer and report at the next annual meeting the condition of the fund and recommend a plan by which this fund may be used in a way to subserve the purpose for which it is intended.

Respectfully submitted,

L. A. GIBERSON, R.N., Chairman.
EMMA M. NICHOLS,
ISABEL MCISAAC,
MES. F. M. BEATTY, R.N.

MISS PALMER: Madam Chairman, it seems to me that the report of this committee is the most simple and practical thing along these lines that we have ever had presented. We know from our past experience that from such beginnings we get great results. I would like to move that the recommendations of this committee be adopted.

THE PRESIDENT: It has been moved and seconded that the recommendations of this committee be adopted. The subject is now open for discussion.

MISS MCISAAC: May I as a member of the committee and as Interstate Secretary say a word about this pension fund? I have served on this committee with Miss Davis and Miss Nichols and some other nurses for several years, and we have never felt that we could do anything, and I consented to serve this year with Miss Giberson if she would not ask me to do anything. So I really have had no part in the work of this committee except to read over the conclusions that they have arrived at. But I have heard a great many questions from the nurses all over the country about the pension fund; and I have heard this observation from people—who never did anything, by the way—“*they* ought to have a pension fund.” Now what I am trying to find out is who “*they*” is, or are, whichever is proper—I must be careful in Boston. It seems to be the conclusion of the committee, just as Miss Palmer says, that we should make a beginning. In a large undertaking you have to begin in a small way; I believe that the mistake we have made heretofore has been to try to work out some plan whereby every nurse should be a pensioned nurse. I think if we could begin as this committee has suggested, by providing first for these emergencies that arise in which a nurse is suddenly overtaken with some great misfortune and has but meagre resources, that gradually, out of our experience, we can apply it to something that shall be truly great.

The President put the motion, which was carried and gave an opportunity for pledges which resulted as follows:

PLEDGES TOWARDS “NURSES’ RELIEF FUND” *

Philadelphia General Hospital Alumnae	\$100.00
University of Pennsylvania Hospital Alumnae	100.00
Presbyterian Hospital Alumnae of New York	100.00

* The Board of Directors of the American Nurses’ Association decided, at a meeting following the convention, to call this fund The Nurses’ Relief Fund until such time as more definite plans can be made for its use.

Long Island College Hospital Alumnae.....	\$50.00
Philadelphia Polyclinic Hospital Alumnae	10.00
Good Samaritan Hospital Alumnae, Los Angeles	10.00
Presbyterian Hospital Alumnae, Chicago	10.00
Missouri State Nurses' Association	50.00
Monroe County Registered Nurses' Association, Rochester, N. Y.....	10.00
Philadelphia Club for Nurses	25.00
Indianapolis City Hospital Alumnae	10.00
Battle Creek Sanitarium Alumnae	50.00
Presbyterian Hospital Alumnae, Philadelphia	50.00
National Homeopathic Hospital Alumnae, Washington, D. C.	10.00
Connecticut State Nurses' Association	25.00
Jefferson Medical College Training-School Alumnae, Philadelphia.....	50.00
Illinois Training School for Nurses Alumnae, Chicago	25.00
Massachusetts State Nurses' Association	100.00
Wesley Hospital Alumnae, Chicago	25.00
Michael Reese Hospital Alumnae, Chicago	25.00
Salem Hospital Alumnae	10.00
Lafayette Graduate Nurses' Association, Indiana	5.00
Cincinnati Hospital Alumnae	10.00
Massachusetts General Hospital Alumnae	50.00
Pennsylvania Hospital Alumnae, Philadelphia	50.00
Worcester City Hospital Alumnae	10.00
Germantown Dispensary and Hospital Alumnae	15.00
Roosevelt Hospital Alumnae	25.00
New York Hospital Alumnae	100.00
Boston City Hospital Alumnae	125.00
St. Luke's Hospital Alumnae, Chicago	50.00
Texas State Nurses' Association	10.00
Newton Hospital Alumnae	15.00
John N. Norton Memorial Hospital Alumnae, Louisville, Ky.....	25.00
Augustana Hospital Alumnae, Chicago	25.00
El Paso County Graduate Nurses' Association	10.00
Memorial Hospital Alumnae, Richmond, Va.	25.00
Chicago Polyclinic and Henrotin Hospital Alumnae.....	10.00
Adams Nervine Hospital Alumnae	15.00
Colorado State Nurses' Association	10.00
Indiana State Nurses' Association	25.00
Reading Hospital Alumnae	10.00
Columbia and Children's Hospital Alumnae, Washington	10.00
Children's Hospital Alumnae, Boston	10.00
Margaret Montgomery, Philadelphia	5.00
E. E. Golding, New York	5.00
M. I. Haggert, Boston	5.00
Anna Davids, Brooklyn, N. Y.	10.00
Emma C. Smith, Philadelphia	10.00
M. S. Hollingsworth, Boston	5.00
Ida F. Giles, Philadelphia	10.00
Miss Culbertson, Philadelphia	5.00
Katherine Dempster, Philadelphia	5.00

Sarah A. Egan	\$5.00
E. L. Towle	5.00
L. Clarke	5.00
Elizabeth F. Sherman	5.00
J. L. Breed	5.00
M. E. Lewis	2.00
Martha J. Wilkinson	5.00
Sophia F. Palmer	10.00
Personal Pledge from Wilkes-Barre, Pa.	5.00
Matilda Decker	5.00
Mrs. M. S. Elliott	10.00
Elizabeth Denning	5.00
Virginia Porter	5.00
Margaret McKinley	5.00
E. V. Toupet	5.00
Jane Riley	10.00
Mary L. Baird	5.00
Pasadena Nurses	10.00
Helen Warburton	5.00
Total	\$1657.00

The president called upon Miss Crandall to speak of the seal for visiting nurses.

MISS CRANDALL.—Miss Nutting had hoped to present this matter, but was unable to remain in the city longer and has asked me to do so. Some of you are doubtless aware that in 1908, in the June number of the JOURNAL, there was a report of a special committee on district nursing, whose duty it was to find a suitable seal to represent district nursing, and to present it for the consideration of the various associations throughout the country. In the June number of 1908 you will find the four seals that were suggested at that time. Out of that group there was one selected by three associations, the Cleveland Association, that of Chicago and that of Detroit. The Cleveland Association was especially anxious that it should be national, because it was very distinctly Mrs. Robb's wish that it should be so. She herself and Miss Fulmer were the committee giving the matter consideration. On account of the cost of the seal, which was \$100, if my memory serves me correctly, there were very few associations that felt that they could bear it, and the matter was dropped quite completely for two years. Mrs. Robb had said a few weeks only before her death that it was her intention to present the matter at this gathering last year. Her death interposed and the matter was not presented.

It has seemed to those most interested that it was a very fitting

time to present it again, somewhat in her name and in her memory, as we are at this time gathering sums for a suitable memorial to Mrs. Robb. At present we have, as you know, with perhaps one or two exceptions, no training for district nursing as such, with the exception of the course connected with the Presbyterian Hospital in New York and the training school here in Boston. As far as my knowledge serves me there are no others. Therefore there are no definite standards of district nursing as yet. Moreover, from the programme that has been carried out in the last two days, beginning with Professor Winslow, you will realize that district nursing as such has increased its responsibilities and its obligations tremendously in the last few years, and that therefore the training for it must also grow to cover those demands.

The requirements of district nursing to-day are tremendously greater than they were a few years ago. Social workers and sanitarians of all sorts are saying it is not enough for the nurse to do merely district nursing. For instance, she must be prepared to teach dietetics and home economics, and if she cannot she is only doing one thing where her opportunity is to do two; and the sanitarians and people interested in infant mortality are saying the same. Consequently I hope I shall not be presuming in taking exception to what Dr. Cabot said yesterday, that the nurse must be a specialist **and** do only nursing. I feel that she cannot be an intelligent co-operator if she has not some knowledge of the social fields and social demands of to-day. We do believe that it is not our province to undertake **the** large constructive problems or those of permanent relief, but the **countless** smaller ones that might well be designated emergency,—it seems to some of us that the nurse fails of her duty as well as her opportunity if she does not help to meet those, and if she is going to do it she must be adequately prepared for it.

Now for this reason it seemed not out of order that the Superintendents' Association should take cognizance of this matter in a national insignia, which might possibly be the first step towards unifying the cause of nursing and later its training and instruction, and referred the matter for serious consideration to their committee on public health. It was Miss Nutting's wish to present to this body the same request, that you would give it your consideration, therefore, and specially appoint a committee, in case you have not a committee on public health, to report at the next session if you see fit to lend your aid. District nurses I find very generally have no disposition to separate themselves into a separate body. They are very much a part of the present national bodies, and they want to be recognized as such, and they want your sanction of any effort to unify their work and their rights as may be perhaps first considered through this seal.

The seal is that of a kneeling woman in a Grecian gown, with a spade in one hand and setting a small tree in front of her, and the motto below it is: "When the desire cometh it shall be a tree of life." It seems to most adequately express the purpose and the ideal of district nursing in all its works: that of planting a desire, which when planted shall be unto that household or that individual a tree of life.

A motion that a committee be appointed by the Board of Directors to consider seal for Visiting Nurses' Associations was carried.

Moved that the Executive Board be authorized to appoint a committee on corporate seal for the American Nurses' Association. Carried.

Moved that the report of proceedings of this meeting be published in the AMERICAN JOURNAL OF NURSING. Carried.

Miss Eldredge moved that the Executive Board be empowered to appoint a director to fill the vacancy caused by Mrs. Robb's death. Carried.

A report from the chairman of the Robb Memorial Fund was read as follows:

STATEMENT OF CHAIRMAN OF ISABEL HAMPTON ROBB
EDUCATIONAL FUND

Total number of contributions received to date, May 16th, 173.	
Total amount of contributions	\$5,079.45
Less check returned	100.00
	\$4,979.45
Less exchange	2.75
	\$4,976.70
Interest on account, January 1st	3.92
	\$4,980.62
Check deposited by Miss Hay, no receipt given 5-16-11.....	50.00
	\$5,030.62

(Interest due July 1st will approximate \$48.00. Largest single contribution \$500, from the Massachusetts State Nurses' Association.)

Approximate only:

From Alumnae Associations	\$2,386.75
State Associations	785.00
Graduate Nurses' Clubs and Local Associations	227.50
Pupils	437.25
Individual contributions	1,242.95

For the appeal 153 circular letters were sent out, to which have come 27 responses, and 3676 copies of the appeal have been sent in response to demand for them. Of the 5000 reprints made there still remain 1300, which we are sending on to the national meeting. While it is possible a larger number of these could be used, still your chairman believes a new form would have new value.

A check received from the Roosevelt Alumnae Association for \$100 was held over by your chairman from December 2d to December 29th before banking. On December 27th the bank on which the check was drawn failed. The bank has since settled for 50 cents on the dollar and check to cover remaining \$50 due on account is gladly handed over by your chairman.

In closing up the work of the year, your chairman deplores the fact that lack of time is to a large measure responsible for the campaign for the Robb Fund not having been conducted with more vigor and with larger results. She appreciates that lack of experience is also to blame for her not having devised other ways and means that would have led to greater accomplishment. It is hoped, however, that the beginnings are sufficiently vigorous to insure the growth in the future that is necessary.

In closing, the chairman desires to thank the members of the committee and also the Executive Committee for their responses and assistance, at the same time regretting that her inadequate leadership has given each one less to do than would have been desired.

HELEN SCOTT HAY, Chairman.

PLEDGES TO ROBB MEMORIAL FUND

Lafayette Graduate Nurses' Association, Lafayette, Ind.	\$10.00
Richmond Nurses	8.50
Methodist Episcopal Hospital Alumnae, Philadelphia	10.00
Penelope Gray	5.00
Eliza Bond Gray	5.00
Hospital of the Good Shepherd, Syracuse, N. Y. (Paid).....	50.00
Martha C. Woody	5.00
Garfield Memorial Hospital, Washington, D. C.	25.00
Boston City Hospital Alumnae	125.00
Rhode Island Hospital Alumnae (Paid).....	25.00
Henrietta Hampton (Paid).....	5.00
New York State Nurses' Association	100.00
Iowa State Nurses' Association	25.00
Newton Hospital Alumnae	100.00
Jewish Hospital Alumnae, Philadelphia	10.00
Cleveland City Hospital Alumnae	25.00
Johns Hopkins Alumnae Association	500.00
Presbyterian Hospital Alumnae, New York	300.00
Medico-Chirurgical Hospital Alumnae	25.00
National Homeopathic Hospital Alumnae, Washington, D. C.	25.00
Texas State Nurses' Association	25.00
Clarkson Memorial Hospital Training School Alumnae	25.00
Philadelphia General Hospital Alumnae	25.00
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	\$1458.00

MISS MCISAAC: The Robb Memorial Fund is something which, like our Relief Fund, is not going to be closed within a few years. It is something that we are going to work upon and the future generations of nurses are going to work upon for a long time. It is to be an educational thing and we particularly wish to interest the young nurses, and the pupil nurses in it, because it is the younger nurses, the rising generation of nurses, who will profit by this fund; and we beg of every one of you to take back to your associations the plea for every penny that we can get. Nothing is too small to be received for this fund. The fund as it stands, and with the pledges, is very nearly \$6000.

MISS MAXWELL: May I ask the chairman of the Pension Fund the exact name contained in her report, because I think there is a misunderstanding about the name?

MISS GIBERSON: "Emergency relief fund" or "Emergency and permanent relief fund."

THE PRESIDENT: It has been moved and seconded that the motion as to the name be referred to the Board of Directors with power to act.

The motion was carried.

The president asked Miss Palmer to speak on JOURNAL work.

MISS PALMER.—Although it has been formally announced that the JOURNAL now belongs to you, to me it has always belonged to you, and is no more yours to-day than it has always been in the last ten years. But it having been announced that it is more yours to-day than it was before, I want to put before you some of the plans which we are working upon for its greater development, in which we need your co-operation. We need it more than we have ever needed it, and I am sure you will listen to me for just three minutes.

We are trying to make the central registries conducted by nursing organizations our headquarters in every state and city where they are located. We are asking the registrars of these central registries to take subscriptions, to take renewals, to secure advertising on a commission. We are asking them to keep the JOURNAL's interests before the nurses' meetings in that locality and we are asking them to send to the editorial office all of the criticisms they may hear of the JOURNAL and all of the suggestions that they may hear that are for its advancement and interest. We are also asking these central registries to keep a standing advertisement in the JOURNAL pages that any strange nurses coming into that city may know how to get into touch with the graduate nurses of that community and may not fall into the hands of the commercial registrars through ignorance.

The editors cannot make a successful journal without your co-operation. A national magazine must contain news and material from every state in the Union and not from two or three. We want your problems to consider in our pages,—not with your names attached, if you choose to ask to have them withheld,—but all of those problems which are the

same everywhere, in regard to education; that pertain to organization, local or state or national; the problems of the social workers and of your boards of examiners. We want you to send to the JOURNAL for any information that you do not know where to get or were unable to obtain anywhere else; and if we do not know how to answer you we will find some one who can.

We want the papers, the best papers, the star papers, from all the big meetings sent to us for publication; because this JOURNAL is your official organ and it should give to the country, to every state, to every local association, to every nurse, the best that you are doing in every section of this country.

We—that is, the editorial end of the JOURNAL—want to thank you for the splendid support you have given us, but we want to work you a great deal harder in the future now that the JOURNAL is absolutely yours, than we have ever dared to do before.

REPORT OF COMMITTEE ON RESOLUTIONS

The Committee on Resolutions begs to present the following:

That the American Nurses' Association extends its gratitude and thanks to the Massachusetts State Nurses' Association for its hospitality and painstaking effort in making this meeting a success. Especially to Miss Emma M. Nichols and her committees for the delightful banquet and other forms of entertainment extended to delegates and guests.

Also that it show its appreciation of courtesies and help extended by the Rev. Dr. Mann, of Trinity Church; Mr. John F. Fitzgerald, Mayor of Boston; Prof. C. E. A. Winslow, Professor of Biology, New York City, and Dr. Richard Cabot, of the Massachusetts General Hospital.

That it express its appreciation to the hospital administrators of the Massachusetts General Hospital and other hospitals which have extended courtesies to the visiting members.

Also to the National Committee on Red Cross Nursing Service for the splendid reception extended to the enrolled members of the Red Cross Nursing Service and for the opportunity of meeting Mrs. Draper and Mayor Lynch.

Also to the Guild of St. Radegonde for the hospitality extended to delegates and visiting members.

Also to the retiring president and other officers of the American Nurses' Association.

WHEREAS, Very few schools for nurses have been able to establish shorter hours for student nurses; be it

Resolved, That the American Nurses' Association go on record as heartily endorsing the suggestions made by Mayor Fitzgerald and others, regarding this important problem, in the schools for nurses.

WHEREAS, It is estimated that about 50 per cent. of the births in the large cities of this country are attended by midwives (in New York City, approximately 50,000 births are reported annually by midwives); and

WHEREAS, The profession of midwifery in this country is followed, in most instances, by ignorant, untrained, incompetent women; and

WHEREAS, Some of the results of obstetrical malpractice are unnecessary blindness, mental and physical degeneracy and death of infants, and unnecessary suffering, invalidism and death of mothers; and

WHEREAS, Although both doctors and nurses in this country are given instruction in the treatment and care of child-bearing women and new-born infants, there is no existing provision for the adequate training of women who take into their keeping the lives and future wellbeing of this large number of both mothers and infants, be it

Resolved, That the American Nurses' Association recommend that measures be taken in this country to secure state legislation which shall provide for the training, registration, licensure, supervision, regulation and control of women engaged in the practice of midwifery.

Respectfully submitted,

M. C. WHEELER, Chairman.

M. KRUEGER,

E. E. GOLDING.

MRS. TWISS: I move that our next convention be held in Chicago.

THE PRESIDENT: A suggestion has come to me that a committee on education of nurses who are actively engaged in the nursing in hospitals of the insane be appointed. Will some one make a motion in regard to it?

MISS MAXWELL: I move that Miss Amy Hilliard be appointed chairman, to choose her own associates. (Carried.)

The report of the election was called for and read as follows:

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(Signed) A. B. DUNCAN, Chairman of Tellers.

ANNA RECE,

URSULA NOYES.

Following the introduction of the new officers a rising vote of thanks was tendered the retiring president, Jane A. Delano.

Miss Dewey moved that the question of the salary of the interstate secretary be left to the Board of Directors. Carried.

The assembly rose and sang the National Anthem, after which the meeting adjourned to meet in Chicago in 1912.

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